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TUBERCULOSIS PULMONUM, ACUTE AND CHRONIC —ITS NATURE AND TREATMENT.

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I. *The name.* This was chosen because the word phthisis, hitherto used for chronic tuberculosis, in the mind of the clinician, comprises conditions with which our present inquiry has no part; and again, the word tuberculosis, as used by pathologists, does not fully cover the disease processes of which we shall speak. Phthisis of the clinician may include all the destructive processes taking place in the lung, and except post-mortem examination clear up the error, many diseases, such as multiple embolism of whatever nature, followed by necrosis of smaller or larger areas of lung tissue, some of them, by their extent, deserving the name of gangrene, are classed with phthisis.

The pathologist, on the contrary, is inclined to exclude all processes from the clinical history of tuberculosis which are not accompanied by tubercles, be they gray or yellow, situated *in* the tissue or in the bronchial termini; though of late some have included all caseous deposits in the list of tuberculous conditions. That both parties are incorrect in their exclusions and admissions will be a part of my work to prove in this paper. For the purposes of this paper the term *tuberculosis* is meant to cover the manifold changes, acute and chronic, occurring in the body, in the presence or by the aid of a microscopic parasite, the *bacillus Kochii vel. b. tuberculosis.* It is also claimed that a peculiar conformity of the lymphatics facilitates the occurrence of tuberculosis; that the seed, the bacillus, requires a porous soil for its entrance into the economy; that it must remain undisturbed during its germination; that it must find in the soil a proper and sufficient amount of food for its growth and propagation; that the disease is always caused by infection; that it is never inherited; and finally, that it is often curable. It would be inexcusable repetition to give a history of the diseases and conditions which, from the time of Hippocrates, have been regarded as necessary factors of tuberculosis; suffice it to say that, however contradictory observations and deductions have been, all of them were aimed at the solution of this mightiest of medical problems, the stamping out of this terror of human kind—tuberculosis. To facilitate comprehension, a description of the parts involved in the disease seems unavoidable. The forty-two ounces of lung tissue are composed of bronchial tubes ramifying in a dichotomous manner in every direction, until their terminal branches, the bronchioles, have diminished to a diameter of from 0.3 to 0.2 mm. These tubes, from their origin, the trachea, to the lobulettes, or respiratory cavities, are composed of four layers, the external fibrous, a muscular, an internal fibrous, and a mucous membrane, with its ciliated cylinder epithelium. Accompanying these tubes we have the pulmonary arteries, the bronchial arteries, pulmonary veins, bronchial veins, nerves and lymphatics, all surrounded by the *adventitia*, which consists of loosely interwoven connective tissue, traversed everywhere by large lymphatics, which have from their situation received the name of perivascular lymphatics and peribronchial lymphatics, respectively. The bronchi are kept, for the greater part of their course, pervious by cartilaginous plates, which are contained in the external fibrous layer; here clusters of fat-cells and mucous glands also abound. The latter terminate by a straight duct, with trumpet-shaped mouth upon the free surface. Approaching the respiratory cavities the glands and cartilages disappear entirely, and the external fibrous layer in which they are imbedded, though constituting one-half of the calibre of the larger tubes, diminishes to the size of a delicate membrane. Upon this the muscular coat, consisting of delicate bands of smooth muscle cells, is placed, and upon that the internal fibrous layer, particularly noted for its elastic bands and fibres, which continue into the parenchyma of the lung. The parenchyma proper consists of delicate connective tissue sheaths, which constitute the framework of the respiratory cavities; of connective tissue rich in elastic fibres, which tissue forms the septa of the contiguous alveoli, as well as the boundary tissue between systems of alveoli, called lobulettes, and their multiples, lobules.

Between the septa and in the connective basis substance, close to the respiratory cavities, blood-vessels and capillaries, lymphatics and lymph-spaces abound. The alveoli or air vesicles are small shallow cavities, lined by a stunted epithelium of the cylindrical variety, assuming the type of the pavement epithelium, barely recognizable in the adult, yet easily observable in the new-born child. The hyaline membrane composing these cavities carries upon its con-

vex surface the tortuous capillaries which intertwine in the septa of contiguous alveoli, and so closely do these minute blood-vessels embrace the alveoli, that their delicate arms sink by more than half into the cavity of the air vesicle. A number of alveoli grouped together form an infundibulum, several infundibula terminate in one common passage—still composed of air vesicles—the alveolar passage, three or four of which form a lobulette, or acinus of the lung; ten or fifteen of these comprise a lobule, and these again join to form the three lobes of the right, and two lobes of the left lung. The lymphatics, as everywhere in the body, so also in the lung, take their origin from surfaces covered by epithelium and endothelium in the following manner: As is known, both the epi- and endothelial cells covering surfaces are not contiguous, but are separated by what is called cement substance, and this substance does not adhere intimately to the apposite cells, but sufficient space remains for the transmission of fine particles, of solid substances even, such as sulphindigate of soda, as has been so beautifully demonstrated as occurring in the kidney, *i. e.*, from the capillaries surrounding the uriniferous tubules to the lumen of the latter (Heidenhain demonstrating the excretion of solid substances by these channels).

It is very probable that this cell cement forms part of the bodies of connective tissue corpuscles; for it is in proximity to these elements of the fibrous connective tissue and their derivatives, the fibres, or bundles of fibres, that we find the first traces of lymphatics; these are lymph-spaces, minute irregular channels, lined with the same delicate endothelial plates which we are accustomed to find in blood and lymph capillaries; and they, the lymph-spaces, occupy the intermediate ground between these two systems of vessels, the blood capillaries leading to them and the lymph capillaries from them. Now, when we remember that the alveoli or air vesicles have a diameter of 0.1 to 0.4 mm., and that the capillaries nearest them have a diameter of 0.0045 to 0.0113 mm., and presumably nearer the smaller limit, as the capillaries of the lung belong to the narrowest in the body, we will realize the smallness of the lymph-spaces, which do not admit blood corpuscles under ordinary circumstances. The dimensions of these lymph-spaces would be inconceivable were it not for the aid which the microscope vouchsafes; and yet it is here, and only here, where the battle for life and supremacy between the elements of the body on the one hand, and the bacilli upon the other, takes place.

The bacillus tuberculosis vel Kochii.—At the meeting of the Berlin Physiological Society on March 24, 1882, Dr. Robert Koch announced that he had found by a process of double staining (with methyl blue and vesuvin), a bacillus of the length of one-third the diameter of a blood corpuscle (0.0026 mm.), with a breadth of one-sixth to one-fifth of its own length (0.0004 to 0.0005 mm.). That this bacillus occurred in fresh tubercles and more sparingly in older ones; that he had cultivated them upon solid media (Nährboden), composed of coagulated blood serum; that they grew very slowly, needing about two to four weeks for their life-cycle, and that they required a temperature between 86° and 105° Fahrenheit for their development; that he had grown several generations of these bacilli, and that members of each generation, introduced into the bodies of other animals, had given rise to tuberculosis; that, therefore, *this bacillus is the infective agent by which, or in the presence of which tuberculosis develops* (and not simply *tubercles*, as many writers seem to think; for tuberculosis is a pathological entity, tubercles simply an anatomical one.—The author). Now, it is universally admitted that these bacilli are omnipresent in restricted localities, such as certain hospitals, less so in tenement houses, cities, country towns, the country, and places which are uninhabited. This being so, why is it that attendants of such hospitals, physician and nurses, are no more likely to take the disease than the rest of the community? and why are these only liable to the extent of fifteen out of every hundred? The smallness of the bacilli and their omnipresence are certainly no barrier to their choice of habitat. The reason, then, why general infection does not occur, must not be sought for in the peculiarities of the bacilli, but in differences existing between the members of the human family. This brings us to the consideration of:

The peculiar conformity of the lymphatics by which the occurrence of tuberculosis is facilitated.—In regard to this subject we may be permitted to quote Dr. H. F. Formad, of Philadelphia, whose paper read before the Philadelphia County Medical Society on October 18, 1882, deserves not to be buried in oblivion, which it stands in danger of, partly in consequence of deductions fully unwarranted, as time has demonstrated, and partly because of the adverse criticism of Koch, whose authority was, and is even now, so great in investigations concerning bacteriology, that his *pro* or *con* decides the fate of offspring in this branch of medical science.

Formad says: "*The predisposition to tuberculosis in some men and animals, the so-called scrofulous habit, lies in the anatomy of the connective tissue of the individual, the peculiarity being a narrowness of the lymph spaces and their partial obliteration by cellular elements.* The idea of working up the anatomy of scrofulous persons was suggested to me some years ago by the lectures of Prof. James Tyson. Dr. Tyson, in his lectures, as well as Virchow, lays great stress upon the predisposition to tuberculosis, and designates it as a peculiarity of scrofulous persons, that inflammatory processes in such persons terminate ultimately in the formation of cheesy matter at the seat of injury. The general impression among pathologists and clinicians is that the lymphatic apparatus is in some way at fault in these persons, although there are no direct anatomical observations on this point on record. I thought that the minute anatomy of the tissues of such persons should be investigated, and at once began to collect the necessary material. . . . . I have here two specimens under the microscope to which I invite your particular attention, as they illustrate the histological difference referred to between the normal tissue of the rabbit and that of the cat. The animals, which are representatives of the scrofulous and non-scrofulous species, were of

equal age, both healthy, killed in a similar manner, and the sections, which were taken from precisely corresponding parts, are equally treated and mounted. I selected in this case the corresponding parts of the nose of the two animals. It makes, however, no difference what part of the body is taken, as long as it shows some connective tissue. The relative difference to be spoken of is equally striking every where in the two animals in corresponding parts of the body. At the first glance it is seen in the specimen from the rabbit that there are a great many more cells in the microscopic field than in the corresponding field in the specimen from the cat. Again, that the cells which are located in both cases between the interstices of the connective tissue are predominantly round and crowded in the rabbit, with only a few spindle-shaped and stellate cells, while in the cat the cells are mainly of the latter two varieties, scattered and few in number. In other respects the connective tissue proper appears similar in both cases. The difference seen in the tissue of the rabbit and the cat exactly corresponds to a similar difference between the scrofulous human being on the one hand, and a normal individual on the other. Repeated microscopic examination of well-selected cases has shown this. . . . . Comparing a large number of sections taken from corresponding parts of the bodies of rabbit and cat, it is also distinctly seen that the lymph spaces are, on the average, decidedly narrower and fewer in the rabbit than in the cat. The perivascular spaces are, however, equally free and similar in both.

"The filling of the lymph spaces with desquamated and germinating endothelial cells, or with wandering—in white blood corpuscles, is a well known fact in the pathological histology of tuberculosis, but it does not seem to be known that this is a normal condition in the rabbit and guinea pig, and in scrofulous persons long before tubercular disease ensues. . .

"The results of the observations above briefly narrated suggest the establishment of an anatomical criterion for the predisposition to phthisis. Animals with this predisposition, viz.: the described anatomical anomaly constitute a well defined species, that of scrofulous animals. The same anatomical anomaly is seen in men; and hence, I think, we are justified in classing all the scrofulous human beings as a pathological species of mankind. The scrofulous condition being an anatomical anomaly, is thus not necessarily a pathological condition, and is by no means a disease in itself. It has a perfect analogue in the domestic rabbit and the guinea pig. The offspring of these scrofulous animals have the anatomical peculiarity of the connective tissue of their parents; they inherit it, and so do the offspring of scrofulous human beings."

It must not be forgotten that this condition, called scrofulous by Formad, can be induced in animals and men who hitherto have not possessed it, and that those who have *acquired* it may transmit it to their progeny. It is certainly a clinical fact, that many people who are scrofulous—that is, have this narrowing of the lymphatics and accumulation of cells in them, never die of tuberculosis. And again, that persons do die of this disease, who did not manifest prior to its establishment any of the criteria of scrofulosis. Another factor, therefore, for the establishment of tuberculosis must necessarily be added, and this consists *in the porosity of the soil for the implantation of the seed, the bacillus.*

Not all localities are equally accessible to the bacillus. Observation shows that stratified pavement epithelium forms the most thorough protection to the underlying structures. A recent author goes so far as to claim that gonorrhœa in the female seldom, if ever, proceeds from the vagina, but having been established upon the cervical membrane (cylinder epithelium) spreads thence to the adjoining parts, which may readily yield to medication; the disease, the gonococci, however, may still remain in the starting point, the uterine cervix, as a nidus not only for infection of parts more interiorly situated, but also for the urethral mucous membrane of the male, thus furnishing an explanation for the causation of gonorrhœa by females apparently well. And just so the stratified epithelium of the mouth protects this from syphilitic, diphtheritic and tuberculous infection with far greater certainty, than the stratified columnar epithelium of the parts beyond. Less resistance, of course, is offered by simple layers of epithelium of which the cylindrical variety is the least resistant. We do not speak of traumatic lesions now; they may one and all of them be included in the category of accidental inoculations, productive, invariably so, of a primary tubercle formation and consequent general miliary tuberculosis, or of the latter at once, which difference is explained by the amount of material (baccilli and their spores) which has found its way into the circulation. Of these things hereafter. What concerns us now is the cultivation of the soil, *i. e.* the lungs, for the reception of the seed, and no conditions are better husbandmen than measles and pertussis, and their concomitant bronchitis. And none exemplify our meaning better. For in measles we meet with a form of bronchitis, which seems to affect the uppermost layers, the epithelia of the mucous membrane particularly. So much so that smaller or larger patches of the epithelia die and leave raw surfaces exposed, open for the reception of almost anything—the bacilli of tuberculosis among others. And indeed tuberculous ulceration of the larger bronchi would be far more frequent, were it not for a provision hitherto entirely overlooked—the protection offered by the elastic fibres of the internal fibrous layer, and *particularly by the circular muscle-layer, which may be crowded to death by tubercular growths, but never acts as their submissive host.*

In pertussis we seldom miss the bronchitis, and as in measles so in this disease, the lymphatics and mucous and bronchial glands are drawn into sympathy, even to the extent of softening of the latter. To this is added the spasm of the glottis, which is overcome by the explosive cough, but seldom without injury to the mucous membrane of the bronchi, so that hæmorrhages, larger or smaller, from it, are of frequent occurrence. Another factor established by the spasmodic cough is the squeezing of the fluid portion from the contents of the alveoli, leaving the dry debris behind, which simulate in their appearance the

caseous matter of so-called catarrhal pneumonia. And acting as foreign substances upon the walls of the alveoli cause a proliferation and death of the alveolar epithelium, and thereby present a new surface, a porous soil, to the seed of tuberculosis. This same result is reached in another way by capillary bronchitis, in which the inflammatory process of the smaller bronchi extends to the alveoli, giving rise to a deposit into them, which is composed of the usual inflammatory exudate and the multiplied epithelia and their debris, now called catarrhal pneumonia, a name not at all appropriate, and one which should be replaced by that of alveolar-bronchitis, for that is what its anatomical features proclaim it to be.

Thusly another and very important requisite for the development of tuberculosis is furnished, namely: *The undisturbed possession of the proper soil, for the the germination of the seed of the disease.* For the spores of tubercles, like other seeds, in order to develop, must be bedded in or on the soil before they can grow and propagate. Indeed, in the case of the tubercle bacilli it is absolutely necessary, as they have but one method of spreading, that of infiltration of the surrounding tissue. Now no part of the body offers a better and more quiet retreat for these purposes, than the alveoli, withdrawn as they are from the performance of the respiratory function. And it is just here that the importance of Dr. Formad's investigations appears. The contracted lymphatic spaces, already crowded with cellular bodies offer, or rather cannot offer any assistance to remove the material accumulating in the alveoli. Nor can they permit the entrance into them, or the passage through them of matters accidently introduced into the burdened alveoli. (For it is not an absurd supposition, by any means, to maintain the passage of bacillary spores, and bacilli even, through the lymphatics into the blood stream and thence by way of the kidneys out of the body.) The lymph spaces, modified as they are in the scrofulous, do double duty; they assist in the retention of the product of the preceding alveolar bronchitis (alveolitis), and stand guard against intrusions upon the travail of the seed of tuberculosis. That these things are absolutely necessary, is shown by a recent and very ingenious experiment by Prof. Ribbert, of Bonn. He quotes the observation of Lichtheim that a difference in the localization of "mucor" and "aspergillus" exists. That the latter by preference develops in the muscle tissue, whilst of the former only once a small focus was found by him in the diaphragm. Prof. Ribbert, knowing that the spores of mucor are very much smaller than those of aspergillus, subjected the spores of the former, with suitable precautions, to a process of hatching, by which they carried on outside of the body a part of their developmental phase. In the course of twenty-four to thirty hours the microscope could detect a number of swollen and already germinating spores. Such a preparation injected into the body would be followed by a great many foci of growing mucor in the muscles of the body. The germs had become larger, and this was sufficient to retain them in the tissue through which they would have otherwise passed.

Wesener finds that entirely different effects result when tuberculous sputa are injected into the intestines directly, or into the stomach by way of the stomach tube. The latter process would be followed by varying results, and when tuberculosis did occur, it was found almost invariably in the mesenteric glands (rabbits). The injection into a loup of the small intestines, to the contrary, was followed by tuberculous ulceration of the intestinal wall itself. Wesener thinks that by stomach ingestion, the bacilli are destroyed and the spores only find their way into the intestines, and are not lodged until they reach the mesenteric glands, where they develop; but when the sputa are injected into the intestines directly, the bacilli at once commence their deleterious work upon their walls.

The frequent occurrence of the latter form of tuberculosis in patients sick with the same disease of the lung, may then be explained by the quantity of sputa ingested; by the weakened stomach digestion often noticed in such cases; the possibility of an advanced development of the spores, which find their way into the intestines; the anatomical changes described by Formad; and finally by traumatic lesions in the intestinal mucous membrane, caused by the cough, and other influences, not to speak of the loss of resistance of the tissues, presently to be mentioned. All these things being granted, another factor for the lodgment of spores and bacilli of no small importance must be considered: *The carriers of the poison.*

For a full comprehension of this point we may be permitted to again refer to Prof. Ribbert's paper, above alluded to. Injections into the vein of the ear of a pure culture of staphylococcus aureus would be followed occasionally by very small foci of this bacterium in the heart muscle. Prof. Ribbert varied the experiment by scraping some of the potato upon the surface of which the staphylococcus had grown, and formed an emulsion of the two, which he then injected into the vein of the ear; the result was a multiple embolism caused by the potato, in the substance of the heart, and a growth of fair dimensions of the staphylococcus. The particles of potato furnished a stopping place for the bacterium, and its subsequent development. Thusly our position, that the bacillus of tuberculosis must have a resting place, is corroborated by the experiments of other observers for bacteria of an entirely different character, and we repeat, that no place seems more propitious than the alveolus, withdrawn from the functioning part of the lung, provided however, that it furnishes *the food necessary for the development and propagation of the bacillus.* And this food is supplied in the following manner: In the first place it cannot be doubted, that the material contained in the alveoli, composed of the factors of the blood, and the epithelial cells of the alveoli furnishes a nutritive medium of superior quality, the efficacy of which is enhanced by the proper temperature, and this very food prior to its exhaustion by the bacilli, has opened the way to further supplies by its influence upon the adjacent tissue, pressure has brought the resistance of this down to a minimal, to be readily overbalanced by

the advancing hordes of the enemy; it falls a ready prey to the bacilli, multiplied and fattened upon the contents of the alveoli.

But the pressure of the deposit in the alveoli is not the only cause of the lessened energy of the surrounding tissue elements. Here again the conditions described by Formad will spring into view. It needs scarcely a mention to him who knows, that the facility with which interchange of material in the tissues takes place, governs materially the vitality of such tissues. No one can fail to see the crowded and narrow lymph spaces, without observing at the same time the stunted blood capillaries; even the surface of such tissue shows the starved condition of it, by its paleness and flabbiness. The very treatment of such parts by the physician and the surgeon demonstrates the low vitality inherent in them. The tuberculous membrane of the pharynx receives stimulating applications by the former, whilst the latter irritates the tuberculous joint by blister and rubefacient, fully cognizant of the fact, that *rest*, the alpha and omega of the treatment of inflammation (over nutrition) is worse than useless in these cases.

In connection with this part of our subject, it would be an unpardonable oversight not to mention the part played by the cells of the body, which Metschnikoff calls phagocytes (the amœboid cells and leucocytes) upon the one hand, and the fungi upon the other. "The phagocytes retaining their original character of intercellular food reception, act through it as the exterminators of the parasites, and appear therefore as representatives of the long since known healing power of nature, which was first placed by Virchow into the tissue elements." He continues to form an analogy, and with good reason, between the occurrences in the disease of the daphnia and tuberculosis, and concludes: "That also in tuberculosis, against the cause of the disease, a battle of the phagocytes rages, through which the organism often for a long time resists, and in some instances conquers." Thus every phase of the history of tuberculosis puts into prominence the importance of the scrofulous condition of the tissue. Yes, even the treatment of a person, sick with tuberculosis of the lung, as taught by experience, assumes the necessity of restoring the greatest vitality to the patient, attainable by him. And what does this mean more than the restoration to their normal vigor of the component parts of the body.

That tuberculosis may occur anywhere in the economy wherever connective tissue and lymphatics exist, goes without saying, and that the cause of the disease, the bacilli and their spores, may and do find their way into the tissues by channels at all conceivable, is a statement warranted by experience. Yet this important point must not be overlooked, that tuberculosis is always a local disease, spreading by progressive invasion, and that general miliary tuberculosis is caused, with exception of its direct (artificial) introduction into the blood stream, by the discharge of the contents of localized foci, either into the thoracic duct or the blood stream. This takes place by the intervention of softened glands upon the one side, which empty their contents into the thoracic duct and thence into the circulation, or by a breaking of the softened mass from the glands into the blood stream, by way of adjacent veins, the walls of which have been destroyed by the same cause. C. Weigert found, in thirteen out of fourteen cases of acute miliary tuberculosis, the place where the softened mass had broken into the general circulation, or into the thoracic duct.

The writer has several times followed the course of local infection to the development of general tuberculosis and death. The last case was particularly instructive. It concerned a young man, rather intemperate, with all the evidence of a weakened vitality, with no family history of tuberculosis, who had a tooth drawn by a dentist. Several days after the extraction, intense pain in the tooth cavity took place, which was eased with anodynes. Several weeks later the submaxillary glands became enlarged and some eventually discharged their contents exteriorly. By this time a sinus was established from the tooth cavity to the surface below the angle of the jaw. I advised extirpation as the only means of hope, this was refused, and local applications ordered by consultants. The final issue—miliary tuberculosis and death—and all this in less than six months. Now an easy solution of this case is offered by the supposition, that the dentist's tools were infected with the tubercle poison by previous use—the writer will have to see the first dentist yet who seems to have heard anything of antiseptic surgery. A drying with a towel of the instruments used, after they have been rinsed in cold water is the full extent of the precautions against infection usually taken. I do not at the present writing remember of reading anywhere anything regarding the danger from dental surgery. And yet it seems greater from the very proximity to the sources of infection, as well as the nearness of the submaxillary and deep lymphatic glands to the thoracic duct, and the general circulation. I know that the road to general tuberculosis by way of those glands, is the nearest that can be traveled. Now that attention has been drawn to this source of infection, who is it in general practice who does not remember just such cases; and shall he not join the writer in sounding the alarm?

(*To be concluded.*)

ENLARGED CERVICAL GLANDS.[1]

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The object of this paper is to arrive at definite and well-grounded opinions as to the treatment of what is sometimes called "scrofulous neck." These cases present enlarged lymphatic glands in the neck, causing little inflammatory disturbance or pain, as a rule, but very chronic, and tending to break down into cheesy pus. Exceptionally, complete resolution takes place; more often, fibrosis or calcification; but in the great majority of cases, sooner or later, arises an abscess which discharges through a sinus, the sinus emitting pus more or less constantly until the entire

[1] Read before the Section for Clinical Medicine, Pathology and Hygiene of the Suffolk District Medical Society, January 13, 1886.

gland has been thus expelled. Although there is not much suffering, yet the tediousness of these cases, which may persist for years, the unsightly appearances caused both by the glands and sinuses and by the scars they leave behind, and above all, certain dangers hereafter to be more fully discussed, render it desirable that the best possible treatment should be employed for them.

We find the disease prone to attack children much rather than adults, although even old age is not absolutely exempt. All debilitating, hereditary, or hygienic conditions predispose to it; its chief victims, therefore, are the children of the poor and ignorant, or of consumptive or syphilitic parents. Overcrowding, lack of sunlight, insufficient and improper food, exposure to cold and wet, all promote its occurrence. Out of 172 children who entered a workhouse in Kent, England, healthy, all but three came to have enlarged glands. The exciting causes are very numerous, comprising such lesions of the mucous membranes as ozaena, stomatitis, tonsillitis, pharyngitis, laryngitis, otitis, and conjunctivitis. It may follow chronic eczematous processes in the scalp or face. It frequently arises after scarlet fever and measles, and may be excited by dentition or by trauma. It is characteristic of this form of adenitis that, although supposed to be invariably secondary, its extent and persistence frequently far exceed those of the primary lesion. It is often impossible to determine what did give rise to the glandular disorder.

In early stages, the enlarged glands are freely movable upon the underlying tissues and underneath the skin. They are smooth in surface, of uniform density, and more or less spherical. It is seldom that a solitary gland is swollen; usually two or more are affected. The affection is not essentially symmetrical; it may be bilateral. After continuing a variable length of time with but little change, the gland may, as has been said, be absorbed. Such a result is especially likely at puberty. The rule, however, is that the tissues undergo what is called a "cheesy" degeneration. This can usually be recognized during life by the nodular surface of the gland, its presenting spots of softening or fluctuation, and its adherence to the skin as well as to neighboring glands, if they also are enlarged. A rare termination for this cheesy transformation is spontaneous dessication and calcification. Almost always there is gradually increasing suppuration, abscess formation, and external discharge through the adherent skin. About the histological changes, I wish merely to state what seems essential to forming a just view of the dangers and treatment of the disease. Schüppel, of Tübingen, published in 1871 a book on "Tuberculosis of the Lymph-Glands," in which he shows that a large proportion of what are called "scrofulous" glands—although not all—present the microscopic characteristics of tubercle, that is, one or more giant cells surrounded by epitheloid cells and lymph corpuscles, the whole supported by a fine recticulum. Klebs produced, by the inoculation of tuberculous matter, a disease of the lymph glands exactly like scrofulous infiltration. Koch reported, in 1884, that he had examined twenty-one cases of tuberculous glands (meaning such glands as presented epithelioid cells, grouped in foci, and accompanied by more or less numerous giant cells), and that he invariably found bacilli tuberculosis in them. There were indeed, other enlarged glands, in part softened and dotted with minute abscesses, but with no epithelioid nor giant cells, in which he found no bacilli. From the submaxillary gland of a scrofulous boy he obtained pure cultures of the specific tuberculous bacilli. Dr. Hippolyte Martin also produced a series of cases of general tuberculosis in guinea-pigs, starting from the inoculatiou of pus taken *post-mortem* from the "firmly encased submaxillary gland of a child who had died of measles and bronchopneumonia, without any trace of tubercular disease, but with well-marked clinical characteristics of scrofula." It may therefore be affirmed of enlarged cervical glands, such as are ordinarily called scrofulous, that certainly a large proportion of them, and probably a large majority, are really tuberculous.

As already stated, the existence of scrofulous lymphatic glands usually implies that the general health has been impaired. The local disturbance is seldom very annoying. The condition is often discovered by accident. Occasionally there is some pain and tenderness, particularly if suppuration is taking place. By its mechanical pressure, a gland, or a collection of glands matted together, may give rise to compression of the carotid or jugular, the trachea or œsophagus, the recurrent laryngeal, sympathetic or vagus nerves. Epistaxis is sometimes caused by them, and even fatal suffocation.

It is seldom that diagnosis is difficult. Acquired syphilis may cause induration of the cervical glands, but the enlargement is less, the tendency to cheesy degeneration is slight, and we should find other venereal symptoms. A simple adenitis, such as might, for example, follow traumatism, is more acute. It exhibits more inflammation, and either resolves or suppurates much sooner than a scrofulous gland. Pseudo-leukæmic glandular enlargements are more or less universal throughout the body, that is, in the axillæ and groins and at other points, they grow more rapidly, do not break down, and are accompanied by marked anæmia and debility. Glanders and farcy could hardly be mistaken for mere scrofula, if the physician exercised any care whatever; and the same might be said of bronchocele. Cystic and other tumors may occur in this region, but are comparatively rare, and their differential diagnosis can be learned in works on surgery.

"The scrofulous patient," says Allbutt, writing on the treatment of scrofulous neck, "runs three risks in the continuance of his local malady over and above his faulty inheritance, namely: first, a tedious local disease followed by a peculiarly unwelcome disfigurement; secondly, the fear of deterioration of his general health thereby, such that his best years of adolescence are spoiled and his entrance into manhood thwarted and weakened; thirdly, an inoculation of the system with elements which favor the development of more general tuberculosis."

In the early stages it is quite possible that a gland may be absorbed if the general health be built up. Local applications may also promote the same result;

but we shall revert to this point under treatment. When once nodulation, softening and adhesions have begun, the cheesy process is under way, and it seldom ceases before the gland is totally necrosed and discharged. A fibrous or calcareous transformation of the gland is, however, possible, as is also absorption even now. A further and more important consideration is the effect upon the general health, if the glands are tuberculous. Friedländer, in his familiar lecture on "Local Tuberculosis," states that although the process is malignant, it is not apt to become diffuse. Out of 332 cases of phthisis, Philips found, *post-mortem*, "scrofulous scars" in but seven. Again, out of 1,078 autopsies of consumptives, less than one per cent. showed evidence of cervical gland disease. Says Treves, in his work on "Scrofula and its Gland Diseases:" "While scrofula and phthisis are manifestations of the same morbid process, I am nevertheless convinced that phthisis is by no means common in the scrofulous, and that the bulk of such patients do not die of pulmonary consumption." And as to the danger of acute miliary tuberculosis, Treves does not think it very great, although he would not be entirely indifferent to it. On the other hand, Rindfleisch believes that "tuberculosis hardly ever appears except in scrofulous persons." Lynch affirms that "The products of decay resulting from scrofulous processes may enter the circulation and directly produce the tuberculous dyscrasia." Further remarks about prognosis will be made incidentally under Treatment, which is the next and final topic.

The first indication to be met is, of course, to allay all causative disorders, such as eczema, rhinitis, pharyngitis and the like. The general health next demands attention. In the first place it is usually depraved. Secondly, if the patient be in a state which offers the bacilli tuberculosis a favorable nidus so far as the lymph glands are concerned, why may we not justly fear that predisposition to tuberculosis pulmonum also exists? Either ground is sufficient basis for vigorous tonic treatment. Fresh air should be obtained for the patient, either at the seashore or in the mountains or in the country. For dwellers near the coast it would seem more natural to choose the interior. Sunlight, moderate exercise, simple but nutritious and abundant food, salt-water baths, and such analeptics as cod-liver oil, iron, arsenic or iodine; —all these should be simultaneously brought to bear upon the case.

If glands are already cheesy, we may be tolerably certain that a lingering, disagreeable and disfiguring process will go on for months and perhaps years, unless the necrotic tissues are removed by operation. Experience has proved only too clearly the inefficiency of external applications; while surgical removal has been found to be very satisfactory and comparatively easy. For example, Billroth, Treves, Fagan, of Belfast, and Teale, of Leeds, all express themselves as pleased with the results of extirpation.

About the treatment of cases still in the first stage there seems to be more room for difference of opinion. Let us make sure, before we form our own, what we would like to obtain for a local result. Friedländer makes the following therapeutic deductions at the end of his lecture already referred to: It is desirable to remove tubercles where it can be done without danger, because (1) they are fated to destruction, and until they are removed recovery cannot be perfect; and (2) by such removal we destroy a source of at least local infection. On the other hand, he proceeds to say, we should only very exceptionally undertake any serious operations which cripple or deform the patient, just on account of local tuberculosis: because, (1) constitutional infection is not inevitable; and (2) spontaneous recovery is possible. Schüppel quotes with warm approval the dictum of Virchow that "it is certainly justifiable to remove as early as possible such tuberculous organs as can be easily reached. If operation seems impossible or undesirable, then we should at least hasten suppuration and free discharge." Treves, in discussing treatment, declares: "Out of the enormous number of patients who present caseous deposits in their bodies, the percentage of those who fall victims to diffused tubercular disease is so very small that the probability of that disease may be put out of the question. I think also," he continues, "that the argument advanced by Ruehle in favor of removing glands on the plea that such removal may prevent phthisis is unworthy of consideration in discussing this mode of treatment," that is, by excision. These opinions seem to differ considerably, but certain deductions can be made from them. There is an acknowledged possibility of constitutional infection from strumous glands. The virus, if it becomes thus generalized, can only do so by way of absorption. It is then pertinent to inquire, Why endeavor by external applications to promote resolution of enlarged cervical glands?

Very likely we all breathe daily into our lungs the bacilli of tubercle, and yet do not become consumptive, because, presumably, our bodily condition is such as repels the invader. But the sufferer from tuberculosis of the cervical glands might, as has been seen, naturally be supposed to exhibit a predisposition to tubercle. If, by invigorating his system, we get him into such a state that nature of her own accord absorbs the disorganized tissues, we may be content; for she probably will do it with impunity. Experience shows that this is often the case. It does not, however, commend itself to my judgment to seek, even in the first stages of the malady, by local irritation, such as the application of various forms of iodine, or by blisters or electricity, as some recommend, to excite an artificial resolution, if I may so express myself. It may be added that the attempt is often futile. If *general* stimulation fails, then we should resort to extirpation.

The only occasion which seems to me to call for local application is where there is pain, heat and swelling, and as yet no certainty that suppuration has taken place. Such glands should be treated with a cooling wash until they either abate or else present clear signs of pus.

By first improving the general health there will little time be lost. Possibly some or all of the glands may be absorbed. If not, operation will take place under much more favorable auspices.

Glands which are in the first stage and freely movable can be quite readily cut out. The incision should not be very long. Violent tearing of the surrounding tissues, besides other things, brings danger of troublesome periadenitis. The cheesy glands (which are nodulated, or have perhaps suppurated and are fixed to the skin and to each other) are usually best extirpated with a spoon. Treves has found the thermo-cautery very serviceable. In cases where a subcutaneous abscess has formed it is often a much more ready than satisfactory method to make a simple incision. Pus should indeed be evacuated without delay; but a careful search will quite frequently discover a sinus leading from this superficial abscess to a cheesy gland deeper in, which itself must be eradicated. Teale praises Bigelow's sinus dilator for such operations. Antiseptic precautions are advisable and iodoform makes a good dressing. Drainage is usually necessary. Healing is promoted by obtaining rest for the parts, as by a leather or gutta-percha stock, outside the bandages.

The different manifestations of scrofula are said to be somewhat antagonistic to each other, so that "the particular scrofulous malady any given patient presents would appear to protect him from any other outcome of the disease for at least the time being." This need not, however, prevent operation, for there is practically no danger that the eradication of scrofulous glands will indirectly excite caries or tumor albus and the like elsewhere.

SOME OBSERVATIONS ON HEALTH RESORTS.[1]

BY E. O. OTIS, M.D.,
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It is not with the expectation of presenting anything new upon the subject of health resorts, that I write these few notes, but rather with the hope that possibly I may render some aid, by means of the following suggestions and record of personal observations, limited though they may be, to the family physician who is called upon, as so often unfortunately he is, in this climate, to recommend a proper resort to patients suffering from pulmonary troubles, for they compose the majority of those who seek a new clime.

The subject of climatic cure is a many-sided one, and there are many and diverse opinions as to what constitutes a suitable resort for those with delicate or diseased lungs. I have only to refer to the excellent paper of Dr. Harold Williams, in a recent number of the *Boston Medical and Surgical Journal*, to show the variety and conflict of opinions which exist upon this subject. The general fact, however, remains that thousands have had their lives prolonged or saved by a timely resort to some one of the many places in this country, more favored by nature as to climate than this bleak New England coast.

I am not a partisan of any special portion of the country or any place, as a universal elysium for all those afflicted with lung trouble. On the contrary, I believe that each individual case should be carefully considered in all its aspects, and be sent to that place and climate which seems best to meet its own especial needs and requirements.

One person has little vitality and is always pinched with the cold; such a one obviously will do better in a moderately warm climate, like Southern California or Florida. Another case will endure a certain degree of cold, and will thrive in a locality of lower temperature, like Colorado or Asheville. Again, the digestion may be at fault, and it is of primary importance that a place should be selected where a good table may be depended upon, even if something has to be sacrificed as to the climate. Moreover, the mental condition and temperament must not be disregarded, and the kind of life the patient has been leading. One person requires much diversion, and would be wretched in a quiet, secluded place, but contented and happy in a more lively one, like St. Augustine, for instance.

Companionship is also an important element, and with pleasant, genial associates, one will often make greater gain in a less favored locality, than with the lack of them in one more nearly approaching the ideal climate. The opportunities which different resorts offer for varieties of exercise are not to be lost sight of, as well as the favorite form of exercise of the patient. Happy and fortunate is the consumptive, as well as any other man, who has a hobby which will give him exercise in the open air, be it fishing, gunning, rowing, or horse-back riding. I believe that the cause of many of the unfavorable results in cases which have been sent to health resorts of acknowledged worth, is the neglect of carefully considering all these factors.

Of course, it goes without saying, that due attention should be given to the hygienic condition of the locality determined upon, and also, that the fundamental principles of all health resorts are to be borne in mind, namely: Pure air, dry soil, and abundant sunshine. Elevation, dryness, and equability are often, I believe, of secondary importance, and are to be taken into account rather when the requirements of the individual case are being considered.

There should be at hand, also, in every health resort, a reliable physician, with whom, if necessary, the home physician can communicate concerning his patient.

I am of the conviction, as I believe all are who have given much attention to the matter of climate, that the best results are obtained by as long a continuous residence as possible in the place and climate which has been found to suit the case. It takes a long time to become acclimated if the change is at all radical, as from a cold to a warm climate, or from a low to a high elevation, and after that, comes the benefit and improvement, and so long as that continues, it is better to remain in the chosen resort.

Still, there are many whose conditions and circumstances are such, that the stay away must be limited, and the number of places from which to choose, restricted. In order, then, that the most good may be accomplished from the time allowed, all the greater care must be given in the selection of the resort from among the ones possible to the case in question.

[1] Read before the Section for Clinical Medicine, Pathology and Hygiene of the Suffolk District Medical Society, January 13, 1886.

Indeed, so many points have to be thought of in choosing a new home for the man of weak lungs, that I have almost come to the conclusion that no physician has any right to advise a patient to go to this place or that, unless he has first visited it himself and thoroughly investigated its advantages and defects. Recently, a young lawyer came to me and related his experience in being sent to a health resort. After it was determined, from the condition of his lungs, that he must go away, the advice as to a new climate was something in this wise: "Some say this place is good; others that; I know nothing of any of them. You may find the Tennessee Mountains of benefit, but I know nothing about them; have never been there; you can go and try them." So he went, and after numerous vicissitudes, he fell to living a complete out-door life, much of the time on horse-back, and came home apparently well, and has remained so for several years. Such hap-hazard advice, however, will not always have such fortunate results.

"Happy the patient," says Youmans,[1] in a recent article on "Thomasville as a Winter Resort," "advised to change his climate when the physician knows enough to give him intelligent instruction as to whither he shall proceed. Does he need a milder or high temperature? a damp and relaxing, or a dry and bracing air? an inland location or the seaside? a valley or a mountain? Should he try Bermuda or Aiken, or Nashua or St. Augustine, or Asheville, or any of the score of resorts recommended for pulmonary invalids? If the doctor settles the point, it is well; if not, the patient must take his chances, and do the best he can to settle it for himself." Going on to relate his own experience, he says: "With lungs badly out of order, everybody said I must escape the severities of a New York winter by going somewhere. I advised with several eminent pulmonary experts, who agreed that it might be a good thing to get away, but did not seem to think it made much difference where I went."

If specialists continue to multiply, perhaps in the future we shall have the specialist on climate. One who has visited the different health resorts and made careful observations, not only as to any particular climate, but of all the accessories of the place—food, sanitary condition, means of exercise and amusement, manner of reaching it, and so on; and who, moreover, will give an unbiased opinion, instead of the half truthful, exaggerated reports which local partisans give of the place they are personally interested in. In a pamphlet before me, just received from Thomasville, Ga., I quote the following as illustrative of this exaggeration: "The fact is well recognized that a damp atmosphere is what a sufferer from pulmonary trouble should avoid, and it follows, that to obtain the greatest amount of good effects from the presence of the fragrant pines, the breezes that waft the balsamic odors abroad must be dry, and themselves inodorous. In order that these conditions be fulfilled, it is essential that large quantities of water be absent, and the surface of the country be high and rolling. A fulfilment of these conditions is impossible in Florida, surrounded, as the State is, on three sides by the ocean, with its land surface but a few feet above the level, a dreary waste of interminable swamp, intersected by sluggish streams and marshy lakes. Perched on her elevated position, Thomasville can lay claim to the advantages of a dry climate and thorough drainage, and her claims have secured the recognition of the most eminent physicians of the country who have made pulmonary troubles a study."

Again, in an article entitled "Marion County, Florida: An Ideal Winter Climate," by Dr. Maxwell, of Ocala, published in the *Medical News* of December 19, 1885, the author, among a number of very loose statements, makes this assertion: "It is capable of demonstration. . .that Florida possesses the essentials (of an ideal winter climate), in a higher degree than any country now known;" and as a part of this demonstration, he introduces a table of mean relative humidity, compiled by Dr. Kenworthy, from the inevitable Signal Service Reports, which shows, he says, "that Jacksonville, in the matter of dryness of air, compares favorably with the popular resorts in all parts of the world;" the table given, containing the names of thirteen places only, three being in Minnesota, three in Florida, two in France, and one each in Nassau, New Jersey, Georgia, Dakota, and Massachusetts. If the Doctor had included Denver, for instance, in his list, he would have found its relative humidity some seventeen points lower than that of Jacksonville.

I will now give some notes and bits of information upon a few health resorts I have visited in the South and elsewhere, and I trust I shall be pardoned if I seem to give some petty details, even to the noting of boarding-houses; for such information is often of much assistance in settling the perplexing question of a new home and climate.

The Southern resorts can roughly be divided into those of the coast, interior, and mountains, and with the exception of the latter regions, are generally regarded as winter homes for invalids; but the rule of continuous residence, before mentioned, will hold good, I believe, even of many of these Southern localities. The mountainous regions, embracing the Alleghany, Blue Ridge, and Cumberland Ranges, are considered more appropriate for the milder portions of the year, but here, again, I would advocate the above rule for, at least, portions as far south as Asheville, unless the idiosyncracy and condition of the patient were such as to forbid a moderately cold climate.

Of the coast resorts, places on the East or West side of the Peninsula of Florida are, perhaps, more generally selected, and whether the Atlantic or Gulf of Mexico shore is the more favorable, seems to be a matter of opinion. As the prevailing winds are East, it is said that the Atlantic coast gets the purer air direct from the ocean, while it reaches the Gulf coast after blowing over the peninsula, and is, in consequence, more or less vitiated. Of course, the climate of all sea-coast resorts is a more or less moist one, which, in adapting a climate to the individual case, is a factor to be considered.

[1] Popular Science Monthly, December, 1885, page 188.

One fact I desire to emphasize, and I might as well mention it here, namely, that, in my experience it is exceedingly difficult to obtain good food in the South. The meat and bread are poor, as a rule, and the coffee, with few exceptions, execrable, and from the fact that there is very little grazing, the milk is poor, if, indeed, it can be obtained at all. The houses where good board is obtained are generally kept by Northern people.

On the Atlantic coast, St. Augustine is the best-known resort, and it has much to recommend it. The soil is sandy, and the days, so far as my experience goes, are generally sunny and delightful. The mean temperature is 58° in the winter, and 68° in the spring. The number of clear days for the whole year is said to be 235, which I should very much doubt. Artesian wells have recently been sunk, and the city is now supplied with good water in place of the surface water formerly used. It is an attractive place on account of its picturesque, quaint architecture, the old fort, sea wall, and barracks, and the presence of a military band adds much to the pleasure and entertainment of the exile. There is also good sailing and pleasant water excursions.

If I may be allowed to give a couple of names, I will say that any one who can obtain accommodations at Miss Hasseltine's on St. George Street, and have for his medical adviser Dr. Adams, will be well cared for. As to malaria, I have not much doubt as to its existence pretty much all over the South, but I saw very little evidence of it in St. Augustine.

If one desires to go still farther south on the Atlantic coast, the little town of Daytona on the Halifax river, was highly extolled to me for its agreeable climate, by a resident of the place.

Going over to the Gulf side, I will speak of Tampa, reached by railroad direct from Sanford. In itself, it is not very attractive, the streets being very sandy, which renders locomotion uncomfortable. The bay, however, is delightful, and the excursions upon it, and up the Manatee River, and to Egmont Key are charming. So far as one's sensations go, the air seems delicious.

Bordentown, on the Manatee River, seemed to be a quiet, pleasant retreat. I believe it is on the Gulf coast, a little way from Tampa that a location for a sanitarium has been recently selected. On the line of the railroad going from Sanford to Tampa are many attractive places in the pines, Orlando, Winter-park, Longwood, Altamont, and Kissimmee, the latter prettily situated on a lake of the same name. Many find health and comfort on the St. John's River, but it seems to me that malaria must be more prevalent there than in places away from the river.

Anywhere in Florida one is pretty sure to find conditions under which he can lead an out-door life, which answers one of the primary requisites for a health resort. Still the low, and in many portions, swampy character of the soil is a serious objection to its choice as a health resort in many cases.

About twenty miles inland from Charleston, S. C., is a resort much in favor with the Charlestonians, called Summerville. It is far enough away from the coast to escape the frequent east winds, and has a mild, equable temperature. It is in the midst of the pines, and has a pure air and sandy soil. From my experience, however, one must have a good digestion if he would gain any benefit from a sojourn here. There is frequent daily communication with Charleston, and the diversion of a run to the city is an added attraction to the place.

Fortress Monroe or Old Point Comfort does not seem to me to be altogether favorable for a continuous residence, but rather for a limited stay in the spring or autumn. The soil is clayey, the weather uncertain, and fogs are frequent. This opinion is fortified by that of one of the military surgeons whom I met there. The exceedingly attractive and unique life which one finds there, however, and the many excursions by land and water mitigate very decidedly the unfavorable climatic conditions, and succeed in drawing the patient out of doors and out of himself. The peculiar Indian summer days which are frequent there are particularly soothing and restful. For those who cannot afford hotel prices, and who desire greater quiet and seclusion than can be obtained at a large hotel, I will give the name of a good boarding house, the only one in fact on the reservation. It is that of Mrs. Eaton, near the water and opposite the Fort. On the Hampton river, opposite the beautiful grounds of General Armstrong's Normal Institute and the Soldier's Home, is the boarding house of Daniel Cock, of good report, where there are good opportunities for rowing. It is, however, too far away to allow one to enjoy the diversion which the Fort life offers.

To jump from the South to the North, I wish to say a few words in conclusion, upon the Adirondacks, where patients not only spend the summer, but quite a colony now the winter. Dry it is not, judging from my experience the last summer, and the diurnal variations of temperature are quite great. But despite all this, so far as my observation has extended, consumptives do remarkably well there, provided there are no very acute symptoms. The air is bracing and pure, and the out-door attractions numberless. Everything conduces to keep one in the open air, and persuades to much exercise. The grazing is good, and consequently the milk is abundant and rich. The boarding houses are often poor, but good ones can be found, as all who have made trial of the Mirror Lake House, at Lake Placid, can testify. I do not know that it makes much difference where one goes in the Adirondacks in the summer; perhaps the portions of about two thousand feet elevation are the best. If one is strong enough, and the digestion is good, camping out probably gives one more pure air than can be obtained in any other way.

Saranac seems to be the winter home for consumptives in the Adirondacks, and has the sanction of Drs. Loomis and Trudeau. It is better protected from the winds than other places, and commands a good physician. Near by the village of Saranac is the sanitarium recently established—a most admirable charity. It consists of a large main building and several cottages and tents, and, at a small price, one can obtain every needed comfort. The only objection, if it is one, is bringing together, in such close

proximity, a number of consumptives. This did not seem, at least, to have a depressing effect, judging from the cheerful appearance of those I saw there. The sanitarium is kept open all winter, and I have at hand a letter from a lady who has been an inmate of the institution all summer, who wrote me that she has gained so much she proposed to spend the winter there. It was quite noticeable how many began to gain in weight after coming to the Wilderness.

I do not want it understood that I ignor the numerous other health resorts I have mentioned, or consider those I have the best; I have only spoken of the few I have happened to be personally acquainted with. I doubt not that there are many others far more ideal than any I have mentioned. All know of the remarkable results of the Colorado and New Mexico climatic cure, and of the influence of the climate in certain portions of California, and of the high pine lands of the South, as represented by Aiken; indeed, I think we have in this country a wealth of health resorts from which to choose. I desire, however, to emphasize the fact that there are many other considerations to be carefully weighed in selecting a resort for a consumptive besides the one of the best ideal climate; in fact, that is the best ideal climate for the individual patient which best meets his individual needs, mental and physical. And that in any place where the air is pure, the sunshine constant, and the temperature so adapted to his condition that he can live out of doors, he will improve if improvement is possible.

I will very hastly run over a single case which I think well illustrates the points I have been attempting to make clear in this paper.

In March of last year, I discovered, to my great surprise and alarm, that a member of my family had evidences of consolidation at both apices, accompanied with a moderate rise of temperature. Distrusting my own judgment when thus personally interested, I sought the opinion of Dr. Knight, who very kindly gave it, but corroborated my worst fears. In addition to the pulmonary trouble, the vitality was low, and there was much dyspepsia of many months' standing. The outlook indeed seemed dark, the prognosis grave. Many weeks of trying weather still remained, and I determined that an immediate change of climate was imperative, and that the harsh spring winds must be avoided. The first requisite was such a climate as would enable one to exist with the least exertion, and lead an out-door life. Moreover these conditions must be obtained with as little outlay of strength as possible on the part of the patient. I therefore went with my patient to St. Augustine, reached from Washington in about a day and a night. There I found delightful weather and sunny days, where a delicate person could live out of doors from morning to night, with perfect comfort. Damp no doubt it was and low, far from an ideal climate for a consumptive one might say, but it exactly fulfilled the conditions required for the patient in question, and before the month of April was over, she could walk about the old town, and take a lively interest in what was going on, whereas on her advent, she could hardly get across the street, and was indifferent to surrounding scenes. The lungs remained much in the same condition, to be sure, but the strength was returning, and the drooping spirits had revived.

At the beginning of May, we gradually retraced our steps North, following the strawberries. At Charleston it was the season of roses, and out-door life was delightful. Every day brought an excursion with it. Add to this, pleasant companions, and again, we had an ideal climate for the especial requirements of this especial case. Loitering along we finally reached Fortress Monroe in its pleasantest season, and here several weeks were spent with benefit to body and mind. Now it seemed to me that the general condition had so much improved that a more bracing climate might with safety and benefit be tried, so our next move was to Lake Placid in the Adirondacks, 2000 feet above the level of the sea. My hopes were realized. From 103 pounds, the weight went up to 120; the dyspepsia almost entirely disappeared, and the consolidation began to clear up. So much had been gained at the end of October that it seemed to me still more might be ventured, and after an interim of two or three weeks, my patient went to Colorado, where she now is, and from whom I have the most encouraging reports of her well being and steady improvement.

MEDICAL PROGRESS.

Viburnum Prunifolium in Abortion.—Dr. W. Macfie Campbell, of Liverpool, says: Since the publication of Dr. Wilson's paper in the *Liverpool Medico-Chirurgical Journal* of January, 1885, I have had the opportunity of testing the use of viburnum prunifolium, so much vaunted in America, in several cases of threatened miscarriage, and I can entirely endorse the good opinion he has formed of it. Nothing, probably, in midwifery is more disappointing than the ordinary routine-treatment of miscarriage by opium or Indian hemp on the one hand, or ergot on the other. For these drugs as often act in the way contrary to the prescriber's intention as in accordance with it. How often has a dose of Battley's solution, administered to arrest uterine action, and give rest and ease from pain, been followed by immediate and severe expulsive pains, while the attempt to empty the uterus by a dose of ergot has resulted in a perfect calm, and a disappearance of symptoms.

It is a comfort thus to have some hope of success in dealing with such a condition as miscarriage; and although I have so far only the notes of six cases, of which five were successful, yet, these five being consecutive, and the effect exactly following the administration of the remedy, I have no hesitation in my own mind in giving the credit to the viburnum. The case of failure was my first.

Case 1.—Mrs. B., two months pregnant, had discharge of blood, with uterine action. She was treated in the usual manner, with opium and rest for two days, when extract of viburnum, in two grain doses, three times a day, was ordered. There seemed no effect upon the pains, the os continued to dilate, and the uterus was soon empty. Perhaps the dose was

too small[1]; at any rate, I had lost two days, which I take to be the reason of the failure.

Case 2.—Mrs. H., pregnant for the seventh time, two months and a half, was awakened by a gush of water early one morning, followed by a bloody discharge. On examination, the os was soft and dilatable. She was kept in bed, and given at once three grains of extract of viburnum every four hours. There was no return of bright blood, and the discharge gradually ceased. The relief to the pain after the first dose was in this case very marked.

Case 3.—Mrs. B., in her sixth pregnancy, one night during the fifth month was awakened by the "breaking of the waters," the escape being sufficient to saturate her night-dress and bedclothes. This was followed by pains. I saw her in the early forenoon, and gave three grains of the extract three times a day, and there was no further symptoms.

Case 4.—Mrs. G., in the fifth month of her second pregnancy, had a bloody discharge, with uterine pains. The same dose was used, with the same good result.

Case 5.—Mrs. W., in the second month of her sixth pregnancy, had already had two miscarriages. Two grains of extract of viburnum, three times a day, gave relief, as also a month afterwards, when the same threatening symptoms appeared.

Case 6.—Mrs. S., first pregnancy, fourth month. This case was particularly interesting from the fact that miscarriage had been imminent in her case at each monthly period. The first and second attacks occurred in America, when she was given viburnum, and her medical man provided her with a large store of the liquid extract, which he told her was unknown in England. She had an attack at sea, and in due time in Liverpool, and was pleased to discover that the drug could be taken in pill, and was equally efficacious, as the liquid extract is very nauseous. While I was from home she had another attack, in which she was attended by Dr. Westby, who considers she was only saved from miscarriage by the viburnum. During this last attack, she took her pills five and six times a day; in fact, her faith was such, that she would have taken too many. Bromide of potassium was also given to allay nervous excitement.

Two other cases turned up during my absence, both of which completed their miscarriage; and I cannot help feeling that, if they had been treated with viburnum, the result would have been different. One sent for Dr. Westby on the third day; the other was treated by another doctor with opium and morphia hypodermically.

It does not do to build too much on the result of these few cases; but I have been so constantly foiled in my endeavors heretofore to prevent miscarriage, that I hope to have found in viburnum the sure arrester of uterine action, which we certainly at present do not possess.

As recommended by Dr. Wilson, I prescribe the solid extract prepared from the liquid extract.—*British Medical Journal*, February 27, 1886.

THE MANAGEMENT OF PLACENTA PRÆVIA.—At the close of an interesting paper on this subject, DR. MALCOLM MCLEAN, of New York, offers the following rules in dealing with placenta prævia:

First. In any case avoid the application of all chemical styptics, which only clog the vagina with inert coagula, and do not prevent hæmorrhage. At the very first, the patient should be put in a state of absolute rest—body and mind—and a mild opiate is often desirable at this stage to quiet the irritation.

Second. Inasmuch as the dangers from *hæmorrhage* are greater than all else to both mother and child, at the earliest moment preparations should be made to *induce* premature labor, and labor being once started, the case should be closely watched to its termination by the accoucheur.

Third. In primiparæ, the mothers with rigid tissues, the *vagina* should be well distended, by either the colpeurynter or tampon, as an adjuvant to the cervical dilatation.

Fourth. In the *majority* of cases generally, and in all cases especially where there is reason to believe that rapid delivery may be required, it is more safe to rely upon the *thorough, continuous* hydrostatic pressure of a Barnes' dilator than on pressure by the fetal parts.

Fifth. Where the implantation is only lateral or partial, and where there is no object in hurrying the labor, bipolar version, drawing down a foot, and leaving one thigh to occlude and dilate the os, may be practised according to the method of Braxton Hicks, except in cases where the head presents well at the os, when

Sixth, the membranes should be ruptured, the waters evacuated, and the head encouraged to engage in the cervico vaginal canal.

Seventh. In the majority of cases, podalic version is to be preferred to application of the forceps within the os.

Eighth. In some cases, in the absence of sufficient assistance or the necessary instrument, the complete vaginal tampon, in part or wholly of cotton, may be applied and left *in situ* until (within a reasonable time) it is dislodged by uterine contractions and the voluntary efforts of the mother. In case of favorable presentation—occiput or breech—the tampon will not materially obstruct the descent of the child, and in some cases the tampon, placenta, and child will be expelled rapidly and safely without artificial assistance.

Ninth. The dangers of septic infection by means of the tampon or India-rubber dilators are so slight, if properly used, as not to be considered as seriously impairing their great value.

Tenth. Whenever it is possible, dilatation and delivery ought to be *deliberately* accomplished, in order to avoid maternal lacerations.

Finally. As cases of placenta prævia offer special dangers from post-partum hæmorrhages, septicemia, etc., the greatest care must be exercised in every detail of operation and nursing, to avoid conveying septic material to the system of the mother.

Absolute cleanliness, rather than chemical substitutes for that virtue, should be our constant companion in the practice of the obstetric art.—*American Journal of Obstetrics*, March, 1886.

[1] In repeated large doses it is apt to give rise to headache.

THE
Journal of the American Medical Association.
PUBLISHED WEEKLY.

THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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SATURDAY, MARCH 20, 1886.

THE DEATH OF DR. AUSTIN FLINT, SR.

Of the many distinguished physicians of America, distinguished both as original thinkers and clinicians, none have risen to a higher place in the esteem and respect of the professional men of their country, and indeed of medical men the world over, than AUSTIN FLINT. For years his name has commanded the respect due to high professional attainments wherever medicine is known as a science. The esteem in which he was held abroad may be known by the fact that he was selected to deliver the address in Medicine at the next meeting of the greatest medical association in the world—the British Medical Association; and the estimation placed upon his professional ability at home was shown by his being chosen as the President of the Ninth International Medical Congress, which will meet in the City of Washington in 1887.

"Nothing is more estimable," says Voltaire, "than a physician who, having studied nature from his youth, knows the properties of the human body, the diseases which assail it, the remedies which will benefit it, exercises his art with caution, and pays equal attention to the rich and poor." Such a physician and man was Dr. Flint: a man of great professional learning and attainments, a student of nature, both healthy and diseased, a great thinker and clinician, of a kind and even temper, refined in conversation and manner, great of heart, magnanimous and courtly, not given to criticisms of his professional brethren; not a man who

> "For the poor renown of being smart
> Would leave a sting within a brother's heart."

How aptly may be applied to him the words spoken by him of the lamented Gross, his intimate friend: "His life, from the beginning to the end of his long professional career, was a life of work —work as a student, a writer, a teacher and a practitioner. From first to last he was a diligent student. If in his advancing and advanced years he held tenaciously to opinions previously formed, it was not from any lack of knowledge covering recent views, but because they failed to subvert his convictions. To hold fast to these after due deliberation was a strong mental characteristic. His was not a mind to be carried away by every wind of doctrine. He may have been open to the charge of undue tenacity of convictions, but, if so, it was not from a pride of personal opinions, but from a reluctance to relinquish aught that he had been led to believe was true." His life since he began the practice of his profession in Northhampton, Mass., in 1833, was one of continued study of and devotion to medicine, and what he has done to elevate American medicine and medicine as a science is too well known to require repetition here. From the very first he made himself known as a practitioner and as a valuable contributor to medical literature. His kindness of heart, natural refinement and gentleness enabled him to escape the censure which men so often pay as a tax for being eminent. His untiring energy seemed to carry the conviction that "it is better to wear out than to rust out;" and his application of his rich experience to present work showed that he was always making his present and all his future the fruit of all his past.

Dr. Flint's life as an author was singularly successful. Few American writers, of any kind, had a style so simple, a diction so faultless. And in his success we have a most brilliant example of the truth, which he himself recognized and uttered, that those who aspire to success as authors must begin to write early. "How many," said he, "who cherish such an aspiration in the dim future, remain content with present inaction! Continued procrastination is equivalent to indefinite postponement, and the latter to inability. Authors in Medicine do not spring like Minerva from the head of Jove." While, in a certain sense, he cannot be called a voluminous writer, his contributions to medical literature were many and very valuable. It is probable that no medical man of the century has written so much with so little in it of questionable value. As if recognizing that "learning without thought is labor lost, and thought without learning perilous," he combined the two in a manner that is worthy of all imitation. All that he wrote was written carefully—as was all that he did—as though there was to be no subsequent retraction and correc-

tion of errors made in haste. "Reading maketh a full man, conference a ready man, and writing an exact man;" and how full was his knowledge, how ready his hand, mind, and pen, and how exact his writings! In the most remote corners of the earth, wherever the science of medicine is known, read or taught, his writings are known, and with them his fame has gone. His life is an illustration of the fact that the busiest practitioner may perform great literary labors in conjunction with the other occupations which claim precedence, and are so irregular and time-consuming. He might have written more; let us be thankful that he wrote so wisely and so well.

His success as a practitioner was not less, perhaps, if possible, greater than that as a writer. Indeed, it is difficult to say whether he was greater as an author, a teacher or a practitioner; or whether he was more devoted to his profession or his patients. In the interests of his patients he abated no energy, nor hesitated to brave any exposure, to make any sacrifice of time and rest, or spend hours in close study and scientific experimentation. His manner and language as a teacher were lucid, straightforward and interesting, his voice clear, and he had an earnestness that rarely failed to carry conviction, both to students in the lecture room and his confrères in the medical societies of which he was a member.

To the American Medical Association—of which he was the President in 1884, and to which he was ever and at all times most loyal—Dr. Flint's death is a severe loss. When his State Society formally repudiated the principles of the Association, he promptly severed his connection with the State Society, and was chiefly instrumental in organizing the New York State and County Associations. Nevertheless, he was far removed from the medical politician. For this his principles were too high, his nature too generous, and his heart,

"Open all day for melting charity,"

too great. His long experience with human suffering had caused him to express the wish that he might be spared a long and painful illness when his alloted time should come; and his wish was granted. His last work was in the fulfilment of his duty to his pupils—the second duty of every teacher. His first—the duty to his patients—he had always performed, as he had that to his professional brethren and his profession. His work, which bears the stamp of his individuality, and his character remain imperishable and priceless treasures to Medicine.

"His life was gentle; and the elements
So mixed in him, that Nature might stand up
And say to all the world, This is a man!"

THE RESTRICTION OF FLUIDS IN THE TREATMENT OF OBESITY.

In our previous issue were set forth Sée's views concerning the inadvisability of limiting the consumption of water by individuals desirous of reducing their superfluous fat. As was seen, he is diametrically opposed to German therapeutists. As Oertel's methods of diminishing the body-fat are attracting universal attention by reason of the striking success that has attended his efforts, we have thought it would be of interest and profit to give a statement of his position with regard to that taken by Sée. The eminent French author just named may oppose by theory and practice the views expressed by the Germans at their Congress in Wiesbaden, but he cannot gainsay the brilliant results they have achieved.

Oertel insists strongly upon the advisability, nay, necessity, of curtailing the daily consumption of water, but in his published utterances he repeatedly cautions against reducing it below what is required by the system to carry off the products of tissue waste. Indeed, Sée appears to us to be fighting imaginary foes if he proceeds on the assumption that the German therapeutists urge their point to the extent of recommending a dry diet. A glance at Oertel's and Ebstein's dietaries shows that they allow their patients from 900 to 1,300 c.c. and 1,750 c.c. of fluids respectively; that is, 30 to 43 ounces (Oertel), and 60 ounces (Ebstein), daily.

Dancel, who tried the effect of a "thirst-cure," proceeded upon the supposition that water aids directly in the digestion of fat and in the production of fat out of the food, since the hydrogen of the water combines with the carbonic acid to create fat. Oertel bases his reasons for restricting the consumption of water upon the physiological laws governing the accumulation of adipose tissue, as follows: Fat is formed along and upon the adventitia of small blood-vessels, arterioles, veinules and the capillaries with which these stand in direct connection. At points remote from such vessels it never develops. Fat does not exist in the blood primarily as such, but as a lipogenic material. This, escaping through the vascular walls, collects upon their exterior in the form of minute flakes or globules, and these later on make up the adipose tissue. If, as may occur, the lipogenic material forms oil-drops within the interior of the vessels, along their inner surface, these then pass through the vascular coats and are absorbed by the connective tissue corpuscles of the vessels, whose outer coat then appears puffy and infiltrated.

There is good ground for the belief that the permeability of vascular walls is enhanced by sluggish-

ness of their contents or stasis of the circulation, and by their distension. Hence, the withdrawal of the fluids of the system will, by overcoming vascular distension and stasis, lessen the escape of fat-forming material from the capillaries. Furthermore, the reduction of the bodily fluids produces localized anæmia within areas of adipose tissue, and the consequent drying up of the vessels supplying these areas with nutrition. So soon, therefore, as the adipose tissue is deprived of its nourishment, it undergoes destructive metamorphosis and disappears by absorption. The reduction of fat in this way becomes not strictly a physiological, but rather a "physiologico-pathological" one. Such, then, are the considerations which induce Oertel to make a diminution of the bodily fluids a part of his anti-fat treatment. When necessary to reduce the bulk of liquid in the vessels speedily, *e. g.*, in cases of circulatory disturbances, he resorts to various methods of sweating the patients. These were mentioned in an editorial article in THE JOURNAL of October 24, 1885.

In his work Oertel refers to two cases in which obesity was strikingly lessened by diminishing the supply of liquids alone. No change was made in the diet, and, as the inclement weather of the winter precluded outdoor exercise, the fat was not consumed by oxydization. Before the simple restriction of the amount of water consumed was begun, the fat about the mammary regions and over the abdomen was several centimeters in thickness. In the course of a few months it had practically disappeared, leaving the integument separated from the underlying structures by only a thin layer of adipose tissue. These cases prove the benefit of the withdrawal of water within certain limits in the treatment of obesity. Mark! within certain limits, we repeat; that is, sufficient water must still be supplied to further retrograde metamorphosis and elimination of waste products. We can but think that Sée mistakes the actual attitude of the Germans on this question in supposing they endorse so great a restriction of fluids as would produce the evil results noted by Jürgensen in his own case. Certainly their practice does not differ so widely as his utterances would lead one to suppose.

THE SCIENTIFIC ASPECT OF THE AMERICAN MEDICAL ASSOCIATION.

In the three preceding numbers of THE JOURNAL we have endeavored to point out the principles on which the National Association was originally founded, the modifications made from time to time as experience demonstrated their necessity, and the marked success achieved in developing a truly National representative organization embracing all ranks, whether specialist or general practitioner, and all interests, social, educational, scientific and practical. But there is one aspect in the progress of development that we have not noticed, because its importance demanded a separate and more careful consideration. We allude to the establishment of *Sections* in which to prosecute more successfully the scientific work of each annual meeting.

During the first decade of the organization of the Association, all the scientific work, such as the reading of reports and papers, with discussions thereon, was done in general sessions of the whole body, numbering from 350 to 1,000. This brief period was amply sufficient to demonstrate that very little progress could be made in that kind of work with such unwieldy audiences during the time allotted to the annual meetings of the Association. Measures were therefore early taken to remedy the evil by so amending the constitutional provisions as to restrict the general sessions of each annual meeting to one-half of each day, and allow all interested in any particular department of the science or practice of medicine to meet in separate Sections during the other half of each day, and thereby accomplish ten times more work each day than could be accomplished by all meeting in mass. The Sections were first organized at the annual meeting of the Association in New Haven, in 1860, so successfully as to give universal satisfaction. At that time each Section was permitted to choose its own officers, Chairman and Secretary, at the opening of the first session, and each Section was expected to close its labors with the close of the annual session of the Association each year. The increased facilities afforded in the Sections for scientific work caused a rapid increase in the number of papers presented at each meeting, and soon showed two important defects in their practical working. It was found that an important part of the time allotted for the first meeting of the Sections each year was occupied in the preliminary work of choosing officers and getting ready to work, and the officers thus chosen and hastily inducted into office were often poorly prepared to perform their duties; and as they regarded those duties ended at the close of the annual meeting, there were practically no officers of Sections in the interim to be preparing the work in an orderly manner for the next annual session.

These evils were partially remedied after a few years by adopting a by-law requiring the General Committee on Nominations to nominate and the

Association to elect the Chairman and Secretary of each Section for the ensuing year, and to require the Chairman of each Section to prepare for the general sessions a brief address on the advancements made in the branches included in his Section during the preceding year. This change contributed much to give dignity and importance to the officers of the Sections, and increased their efficiency in promoting the amount of practical work done. But the Nominating Committee, being composed of one from each State represented in the annual meeting, had but little knowledge concerning the individuals who were most efficient and faithful in the work of the several Sections, and sometimes elected for officers men who had never attended the Sections to which they were assigned more than two or three times, to the neglect of others who had worked faithfully and efficiently in the same Sections for years. This led to the conviction that the members of each Section should have the privilege of nominating their own officers, and an amendment to the by-laws for this purpose was proposed and is to be acted upon at the coming meeting in St. Louis.

If the amendment be so drawn as to require each Section to nominate its officers for the ensuing year on the second day of each annual meeting, when the Section is generally the most full and the most favorable time is afforded for making good selections, it will undoubtedly be a decidedly practical improvement. It would at once impel those who might be ambitious for official distinction in the Sections to earn it by faithful attendance and good work in the Section itself, instead of giving their attention to the members of the general Nominating Committee. Another amendment of the by-laws relating to the Sections is worthy of careful consideration. The institution of Sections in connection with the Association in 1860 for the better advancement of the scientific interests of the profession, without impairing to any degree the social and educational, was followed by so rapid a development and multiplication of specialties in our country as well as elsewhere, that the time allotted to the Sections each year did not prove adequate for the proper reading and discussion of the many contributions that were offered. Nor were the official positions numerous enough to accommodate those more ambitious for advancement. And as there has always been a class in the profession, more numerous, perhaps, in the chief cities in the Eastern or older States than elsewhere, who did not like the full representative organization adopted, but advocated a more self-electing and narrower governing council, they readily joined with those who did not find adequate room and time for them in the respective Sections, and commenced the organization of National associations of exclusive specialists, incorporating their favorite idea of either a limited membership or more limited governing council, and the whole membership elective only by the society or its council. These associations of specialists have continued to increase until, with the National Association of Internal Medicine and Pathology, the organization of which has just been announced, they embrace the entire circle of known specialties. Of course the special organizations divert from the Sections of the Association many valuable workers, who cannot well find time to attend both the same year.

If the present proposition for a better mode of selecting officers for the Sections of the Association should be adopted, and another simply allowing each Section to extend the time of its annual session beyond that of the general body whenever work of interest and importance required it, or to hold a second meeting separately at another part of the year if necessary, always reporting the results of their work to the Permanent Secretary of the Association, these Sections would afford every possible facility for the cultivation of any special department of the whole field of medicine that can be afforded by any of the independent special organizations. In addition, they would give to the specialists themselves the very great advantage of having all their important papers and discussions early placed before a very large proportion of all classes of the profession through THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, instead of being limited, as now in their Transactions, almost exclusively to the narrow circle of their own members. If it be said that THE JOURNAL would not be adequate to the publication of so large an amount of material, the obvious reply is that the capacity of THE JOURNAL admits of any degree of increase that the increased patronage may demand. Further, it is a mutual advantage both to the specialist and non-specialist that they be frequently brought into social contact, and the former be permitted to present his papers before audiences made up in part of the latter, for it is from them that he must derive much of his patronage.

Hence, to improve the organization of the Sections and extend the time allowed for their work, as we have indicated, would afford the highest degree of advantage for cultivating the scientific interests of the profession in every direction, and yet preserve and increase the efficiency of the general representative organization for its valuable re-unions, fraternizations, and educational advantages, as well as the

ready means it affords for harmonizing and concentrating the general sentiments of the profession in favor of such sanitary and other legislation as is required for the interests of the people. In the midst of the controversies in regard to Ethical Codes during the last few years, and still more in the dissatisfaction of a few influential parties concerning the action of the American Medical Association in regard to the preliminary organization of the Ninth International Medical Congress, we have heard in certain quarters the most inconsiderate denunciation of the National Association as having passed the day of its usefulness, and many suggestions have been made for a new organization to rival and finally supersede it altogether. The plan for this purpose, however, which has been blindly hinted at in correspondence running through a dozen or fifteen years past, and which is at present rapidly maturing, has been carefully kept from open public discussion. The plan is simply to complete the circle of National organizations of specialists in such a manner that their entire management will be centred in a comparatively few individuals, yet careful to include as many prominent or influential parties as is practicable; and when the favorable time arrives the whole are to be united by some plan of confederation to constitute one general head, to take the place of the present National organization.

It requires but a moderate degree of investigation to see clearly that the execution of such a plan would entirely fail to develop a general organization that would constitute in any sense a representation of the profession of the United States. The whole series of special organizations would embrace an aggregate of not more than 1000, three-fourths of whom would be specialists from the larger cities, with the whole mass of 50,000 hard-working, intelligent general practitioners entirely out, with no part or voice in the matter. To call such an arrangement a National organization of the medical profession of this country, would be a misuse of words. It would be simply a confederation of organized specialism on the one hand, and an unorganized general profession on the other; with the self-complacency and arrogance of the one constantly deepening the prejudices and intensifying the contempt of the other. Yet such is the tendency of the discontented elements now losing no opportunity to disparage the truly representative organization of the whole profession, which has been maturing for forty years under the leadership of the American Medical Association.

SOCIETY PROCEEDINGS.

SUFFOLK DISTRICT MEDICAL SOCIETY.

SECTION FOR CLINICAL MEDICINE, PATHOLOGY AND HYGIENE.

ALBERT N. BLODGETT, M.D., SECRETARY.

January 13, 1886. The meeting was called to order at eight o'clock, by DR. F. I. KNIGHT, Chairman.

DR. E. O. OTIS read a paper entitled

SOME OBSERVATIONS ON HEALTH RESORTS.

(See page 316.)

DR. BARNES said that he had been much disappointed in the benefit to be derived from a change of climate to some of the most noted of our resorts. This was illustrated by the description of a trip made by a patient of Dr. Barnes's who was advised to go for the winter to Bermuda for a pulmonary trouble. He sailed from New York in a leaky vessel, stormy weather prevailed during the entire passage, and the patient was frequently drenched with salt water. A few days after arrival the patient was seized with rheumatic fever, and suffered much. He returned after an absence of six weeks, much worse than when he went away, and died a few days after arrival at his home.

As far as climate is concerned, in a health resort, there is no doubt of the necessity that the air shall be more or less humid. We keep our houses much too hot, and the air is far too dry for health or comfort. A house heated by steam is not comfortable unless the temperature be kept much higher than is necessary in a house warmed by open fires, and particularly if there be ample provision for moisture in the air of the room. The most comfortable room in our modern houses is the kitchen, because there is always a change of air going on from the frequent opening of doors, and the draught of the range. The teakettle is always on the range, and furnishes a constant supply of steam, which makes the air moist, as proved by the frost on the windows. Plants will grow in the atmosphere of the kitchen, but they languish in those parts of the house which are supplied with steam heat, or with hot air from a furnace. In moist air, a temperature of 68° is very comfortable, while in air too dry, it is necessary to keep the temperature as high as 75° or 80° in order to feel comfortable.

DR. A. H. NICHOLS stated that a recent hasty visit to the South enabled him to confirm the correctness of the statements contained in Dr. Otis's paper. It is a strange sensation to go in a few hours from a temperature of zero to that of 75°. The defect, however, of most health resorts is that the climate is not equable. This is especially true in the South. The climate of California is better in this respect than that of Florida, and that of Southern Europe is better than that of California. The *ideal* climate is doubtless that of Ovatava, in Teneriffe. The coldest weather ever known there compares with our June, while the warmest weather is much like our July with the warmest days left out. A very striking

feature of the climate there is the fact that the warmest period of the day is not at noon, as we are accustomed to observe in the United States, but at a time before noon. During the middle of the day, a fog-bank rolls in from the sea and covers the land like a huge umbrella, thus effectually protecting the inhabitants from the extreme heat which would otherwise occur. . . . One fact in connection with the southern parts of the United States is quite surprising, that is, that in many places where one would expect to find malaria, the disease is unknown. This is true in particular at some points near the sea where the air is humid, and we find most of the conditions usually met with in malarious localities. The nearness of the sea, with the presence of iodine and possibly ozone, seem, however, to be the agents of protection to these localities from the poison of malaria.

DR. J. AYER remarked that although he had but little knowledge of the peculiar recommendations of the various health resorts, yet it is becoming more and more evident that physicians must inform themselves of the advantages of the different parts of our country, so as to be able to give an intelligent opinion and suitable advice to those needing a change of climate for any purpose. There are no doubt many places as yet unknown, which possess great advantages as sanitary abodes, and the physician should inform himself in regard to them, as a part of his professional education. In Europe, the science of sanitation has reached a degree of perfection as yet unapproached in America. Patients from our own country cross the ocean to obtain the benefit of a change of climate, which our land, with its immense area and variety of physical conditions, would surely supply.

DR. VINCENT Y. BOWDITCH spoke of the great harm which frequently results from the careless manner in which patients are sent away from home to languish in uncomfortable and crowded boarding-houses, destitute of all the comforts to which they have been accustomed at home, and dependent upon the caprice and interest of hotel-keepers of all kinds for everything pertaining to their welfare. Then, too, one is liable to be misled by the careless statements of those who describe the various places of resort. Thus, each locality is vaunted as possessing the "ideal" climate, and other localities are misrepresented. Aiken has been highly recommended by many persons, to the detriment of similar places elsewhere. It is true that this town possesses the advantages of high altitude and pine forests, and the air is doubtless of exceptional purity, but even these qualities are not adapted to all cases. While speaking of remote health resorts, we should not omit to mention those near at hand and which are easily accessible. Thus, Wellesley Hills and Sharon are of great service to many cases of pulmonary disease. The location is high, the air dry, and many of the requisites of a noted resort are attainable at a slight expense of time, strength and money. Patients in both of these places often achieve most gratifying results.

DR. E. L. PARKS stated that he passed the winter of 1877-78 in Santa Barbara, which proved to be a most delightful place of residence. There is no malaria in the town or neighborhood. The extreme between the coldest temperature of winter and the warmest of summer is but forty degrees. These statistics are thoroughly reliable, as they were taken by a gentleman, a physician, who was advised to go there for the benefit of his health, which was fully restored. He remained perfectly well as long as he resided in this place, but he could not live elsewhere, and as a pastime he made a series of careful observations upon the meteorological conditions of the place. The relative humidity is a thing which is a source of the greatest disturbance to many delicate patients. Often a patient who cannot live at the level of the sea will be perfectly comfortable at an elevation of 400 feet above the sea.

In a case of this kind the humidity alone is variable; all else remains unchanged. Another thing which is often a cause of disappointment in the effect produced by residence at any health resort is the way in which patients are allowed to make the journey to the new abode. Very frequently a sick person arrives without an attendant, he is not welcome, he may not be able to secure good or comfortable accommodations, and he is entirely at the mercy of those who may be willing to receive him. A case of this kind was known to the speaker, in the person of a gentleman from Boston, now deceased. He came unattended and unknown, he was unable to secure good accommodations, and was not comfortable during his short stay there. Aside from this, he was in a condition quite unsuited to travelling, and should never have been sent from home. A patient may go to Santa Barbara at a certain stage of pulmonary disease, and by a prolonged residence, never less than a year, may quite recover. It is, however, worse than useless to send a patient to Santa Barbara after all the other resorts have been tried. These cases will not be benefited by the climate of Santa Barbara or that of any other resort. When a patient has reached a certain stage of the disease, there is no benefit in change to any other climate.

DR. E. W. CUSHING said that the peculiar geological formations at many of the resorts for invalids, such as various parts of California, Nice, Cannes, etc., allow the patient to choose exactly the situation and the surroundings adapted to his comfort. The country rises rapidly from the seashore to the hills, so that an elevation of considerable magnitude may be attained at a short distance from the town, and within a short time from the sea-level. That it is not the "humidity" alone, or even to any great extent, is now generally admitted. The change of scene, the entire rest, the out-of-door life, and the relaxation from all labor, are important factors in the amount of benefit to be obtained from a stay at any health resort. One of the most useful adjuncts to all the other measures which may be adopted is exercise on horseback. Given good food, rest, trees, music and suitable companionship, with the advantages of good society, a sick person will often obtain great benefit from a stay at any proper resort. Throughout the South, however, the boarding arrangements are bad and the accommodations wretched. Another objec-

tion to many, if not most "health" resorts is the fact that one place after another fills up with phthisical patients, there is often no suitable water supply, and even more frequently no suitable provision for drainage, and the entire place at length becomes charged with the disease, the rate of mortality rises, and the place is ruined as a health resort.

Dr. E. T. Eastman thought that the most important object to be attained is the comfort of the patient. A sick person who is sent to a place where many consumptives are herded together, is quite easily depressed, and may die from the moral effect of such melancholy surroundings. No doubt each year many persons die in such places who might recover under more cheerful circumstances. Above all, in the present state of our knowledge of pulmonary disease, we should avoid the crowding of phthisical patients.

Dr. Knight said that it was gratifying to see that physicians had begun to use some discrimination in recommending climates. The discussion had been mostly restricted to the benefit of change of climate in pulmonary disease, but of course there were many other diseases which might be benefited by an appropriate change.

A great and beneficial modification of the custom of sending all cases of pulmonary disease to warm climates has taken place in recent years, a custom which has arisen from giving too much consideration to what might mitigate the concomitant bronchitis. There is no doubt of the great difference in the physical properties of different climates, and no doubt that we can favorably modify pathological conditions by taking judicious advantage of them.

In selecting a climate for consumptives, the peculiarities of each patient should be considered, his temperament, the stage of his disease, complications, etc. If permanent arrest of the disease is hoped for, Dr. Knight said that he was always glad if the patient's condition is such as to allow of the selection of a dry mountain climate of considerable elevation. If his peculiarities will not admit of this, then a lower altitude, but still a dry and tonic climate, should be chosen. It was unfortunate if a warm, moist climate had, for any reason, to be adopted.

Dr. Herman F. Vickery read a paper entitled

ENLARGED CERVICAL GLANDS.

(See page 313.)

Dr. John Homans thought that many other causes may exist for enlarged glands besides those mentioned in the paper. Thus, rhinitis, pharyngitis, and tonsillitis may cause enlargement of the cervical glands. These are, however, the expression of a general systemic condition, and are not dependent upon the local state of the neck.

Dr. Barker mentioned the enlargement of the glands of the neck following surgical operations as illustrating another causation of this condition.

Dr. Vickery said that the enlargement of the glands seems often to be secondary to other conditions. Thus, a child pricked the neck with the tine of a fork, to a moderate extent. The prick healed quickly, but soon after there was noticed a distinct enlargement of the glands of the neck which proved to be not adenoma, but scrofulous in character.

Dr. Edward B. Lane read a paper entitled

TWO CASES OF CEREBRAL TUMOR, WITH AUTOPSY.

Case 1.—James M., 37 years old, was admitted to the Lunatic Hospital August 3, 1885. Married; policeman; was born in Ireland. Very little is known of his family, since none of his relatives are in this country. Used alcohol daily, would occasionally drink more than he ought, but never incapacitated himself for duty on the Boston police force. Is not known to have had rheumatism nor any severe illness previous to last January. No specific history could be obtained.

In January, 1885, he fell on the street, becoming unconscious and remaining so for half an hour. Became conscious soon after reaching home but for more than a week his speech was thick and he swallowed with difficulty. No other paralysis was known. Went on duty a month later. Then his speech was much improved, but not quite clear. Continued to perform his duties as usual until May, when he had a second attack, this time in the house. Fell, but did not become unconscious. He got up unassisted and sat down. It was found that his right side was affected, the hand and leg of that side being weak but not completely paralyzed. He was able to walk. His speech was not affected nor his ability to swallow impaired. No facial paralysis was noticed. He had no headache, either before or after this attack. Slept well and ate well. Regained the use of his limbs to a certain extent, but could not light a match with his right hand; could write, but his hand was tremulous. Returned to patrol duty in two weeks and remained on duty until the middle of July, when he had an attack of vertigo while on the street. Was sent home in a horse-car. Felt ill and stayed at home until admitted to the hospital a fortnight later. After the second attack (in May) became irritable, and memory failed somewhat. Became suspicious that men talked with his wife, and that she had had visitors.

During the last two weeks at home his mental condition degenerated rapidly. Memory grew weaker. He was anxious to go to the Station-house, and would become angry, though not violent, when restrained. Delusions of suspicion developed. Thought there were men concealed in the house and he procured a pistol and billy to defend his wife. On admission, was seen to be a well-developed man of medium size. Too dull to respond to questions. Was able to get about and use his hands fairly well. Right eyelid drooped. Pupils were equal, tongue protruded to right (probably accidental, as it afterward came out straight), not retracted. Eats when fed but will not feed himself. Will not stay in bed, and soils the floor. Pulse 60. Patella reflex present. No enlarged glands. Denied syphilis. Eyes examined. Nothing unusual seen beyond a fulness of the veins of the fundus. During the first week at the hospital, condition did not change much. Would answer simple questions. Had considerable difficulty in swallowing. About this time he became

comatose, with a temperature of 102.6, and respiration 44. Left pupil dilated. He rallied to his former condition in the house. He then gradually improved mentally[1] until at the end of the second week he knew his wife and conversed with her, and signed some documents. But at no time did he realize where he was nor avoid wetting his bed. When asked to put out his tongue would do so after waiting nearly a minute. Memory was very weak, would not know his room but would wander about, upsetting furniture, etc. After being in hospital a month was able to be dressed, saw an old acquaintance and chatted with him. Told him that he had been on his beat that day. Difficulty in swallowing almost entirely disappeared and he ate heartily. At this time patellar reflex was found to be excessive and ankle clonus present. Said he was "first-rate." About the middle of September (six weeks after admission) rapidly grew dull, swallowed liquid with difficulty. In a few days febrile action appeared. Was very obstinate, resisting everything done for him, fumbled the bed clothes and handled his genitals constantly. Temperature varied from 99° to 103°. Respiration persisted rapid, gradually rising from 30 to 50. Was very helpless, could scarcely swallow, and was so dull he would not speak, and in eighteen days from the onset of the stuporous condition died.

Autopsy twenty hours after death by Dr. Gannett. Ratio of head to body and cranium to face, normal. Calvaria thin. The dura everywhere translucent and the sinuses contained dark fluid blood. The pia slightly opaque about the convexities. Its meshes contained a small amount of clear fluid. The brain filled the cavity of the skull and weighed 1402 grms. The vessels at the base and in the fissure of Sylvius showed nothing remarkable. The pia anterior to the optic commissure showed a slight snuff-colored appearance, and on section showed several opaque grayish-yellow globular nodules, varying from one to three mm. in diameter, and each surrounded by a grayish-red translucent tissue for a distance of three to four mm. These were directly continuous with the pia. On the under surface of the right frontal lobe, adjacent to the pia, was a nodule the size and shape of an almond, except not quite so long, having an opaque grayish-yellow centre the size of a large pea, and surrounded by a reddish-gray translucent material like that already described. In the lowest portion of the left temporal lobe at anterior extremity were several yellowish nodules about two mm. in diameter, surrounded by a reddish-gray translucent tissue. At the junction of the anterior and middle thirds of corpus callosum and on the adjoining convolution in the anterior fissure were a series of yellow nodules of two or three mm. in diameter arranged antero-posteriorly, forming a line about four cm. in length. These were in turn surrounded by a similar reddish-gray translucent material. The lateral and fourth ventricles showed in the ependyma numerous fine granules presenting a warty appearance. The floor of the left lateral ventricle over the basal ganglia showed two depressions about twenty mm. in diameter. On section in the left *nucleus caudatus* and in the left *thalamus opticus* were cavities the size of small filberts, formed by a mesh-work of fine lines and containing a snuff-brown fluid. In the posterior portion of the right *thalamus opticus* were two cavities each about the size of a filbert-meat, and presenting the same characteristics as those described. The section of the hemispheres, pons, medulla and cerebellum showed no appearance worthy of special note. The pia everywhere readily separated from the brain substance. Heart and pericardium showed nothing worthy of note. Examination of the other organs showed little of interest beyond diffuse bronchitis and tracheitis, chronic pleurisy and a nodule in the mesentery. There was a scar on the penis.

Diagnosis of lesions found in the brain. Chronic lepto-meningitis and œdema of the pia, each to a slight degree only. Multiple gummata. So-called "apoplectic cysts" of the basal ganglia. Chronic ependymitis.

Case 2.—Mary J., 64 years old, of American parentage, a cloak-room attendant, was admitted to the Boston Lunatic Hospital September 3, 1885. With her was sent the statement that she had been hemiplegic for nine days. That she was at times incoherent and confused. Was helpless and needed hospital care. After her death the following history was obtained: Family history unknown. Seventeen months ago her husband died and his loss caused the patient much grief and worry. Since death of husband she has been in very straitened circumstances.

For the past six months has complained of severe headache and loss of memory, and when alone in her room would continually talk aloud to herself. Appetite was good. When not mindful of her loss was as cheerful as ever. Continued to attend to her duties in a cloak room and to her household duties until eight or nine days before admission. No serious sickness was suspected until she was found one morning to have right sided hemiplegia, to be almost speechless as well as perfectly helpless, having been apparently as well as usual the day before. On admission to the hospital was seen to be a very large, well-nourished woman. She was helpless, having right sided hemiplegia. Was very dull, but would answer a few simple questions.

For four days after admission was dull and gave unintelligible answers. Took a small amount of liquid food when it was placed in her mouth. Could not eat, and swallowed liquids with difficulty. Was noticed to call things by wrong names. At the end of this time she became brighter, was not quite as helpless, could swallow a little better and could speak more distinctly. It was now seen that she was partially amnesic; more accurately speaking, she was almost totally unable to recall names. It was usually impossible for her to name objects. She could not even recall her husband's name. Was aware of her defect and seemed much annoyed by it. When asked to name a bunch of keys she said "I cannot," then made an effort and pronounced "boots," and laughed at her failure. Was then told to say "keys." She made another effort and said, "that is right,

[1] His mental condition was that of contentment. Speech was that of a general paralytic. No delusion of grandeur was expressed.

skewers," and laughed again. But on being prompted a second time she pronounced "keys" properly. Physical examination showed the right sided hemiplegia to persist, mouth was drawn to the left, tongue was protruded, straight, however; left eye was turned in, showing probable paralysis of the sixth nerve on that side from pressure; pupils were even; plantar reflex present. Ophthalmoscopic examination was impossible. Remained in this condition, conscious, but dull and listless, for two days. Did not ask where she was nor seem disturbed by her new surroundings. She continually complained of thirst. She became more dull on the ninth day, and on the morning of the tenth was found comatose. Had been vomiting. Made automatic movement with left hand only. Pupils were much contracted and pulse was 96, temperature 101.5 (P.M.). Coma lasted only twenty-four hours, and during the following day she gradually grew brighter and was as well as before the attack. Condition of side, however, did not improve. She gradually grew more intelligent and for a short time knew where she was, but probably did not realize the significance of it. Remarked that she must be a difficult patient to care for, she was so heavy and helpless. She became more restless, and would kick the bedclothes off with left leg. Could use both hands a little. Required to be watched or she would lie uncovered. Gave no reason for it. Was at this time asked if she were hungry and she replied "yes;" was asked if she were thirsty and she said "yes;" and to test the truth of her statement was given bread and milk. Declined it, saying she wanted something "brighter." She seemed aware she had not said what she meant. When asked if she would prefer water seemed pleased and assented. At another time asked for "fire," and then shook her head. When asked if she meant water, said "yes, fire," and laughed at her blunder. When "water" was slowly pronounced she repeated "w-water." Memory was much impaired; she could not remember whether she had eaten two hours after doing so. On the seventeenth day, and a week after the brief period of coma, the patient grew more dull and helpless. Would not swallow liquids, and gradually became comatose, sweating profusely and occasionally vomiting a greenish watery fluid. Pulse was strong, but uneven and rapid. Respiration was labored and noisy, tracheal râles persisting until death. She continued in this coma five days, death being hourly expected. Died on twenty-third day.

Autopsy was made twenty-two hours after death by Dr. Gannett. Nothing unusual was observed about the calvaria or dura. Sinuses contained soft coagula. The convolutions of the brain flattened and sulci obliterated; surface of pia dry. The brain completely filled the cavity of the skull and weighed 1550 grms. At a point in the left fissure of Sylvius where the middle cerebral gives off its numerous branches, was a dilatation the size of a pea. At a corresponding position in the right side was a parietal dilatation the size of a pin's head. In the basilar artery was an opaque yellow patch in the intima about three mm. in diameter. The right lateral and fourth ventricles showed nothing remarkable. The floor of the posterior portion of the left lateral ventricle was elevated, rounded and quite tense to the finger. On section of the hemispheres there was found in the white matter of the left hemisphere posteriorly a rather firm opaque grayish-yellow nodule, the size and shape of a medium-sized peach, showing on section here and there spaces filled with a thin cream-like fluid. The brain substance on the periphery of the nodule for a distance outward of about four mm. showed to a very slight degree a punctate appearance. The white matter lying just beneath the nodule was of soft consistency and grayish-white color. The white matter in general was rather pale, surface of usual degree of moisture, the cortex not remarkable. Section of the basal ganglia, pons, medulla and cerebellum showed no appearances worthy of special note. Examination of the other organs revealed nothing of interest beyond a large cyst occupying the upper third of the right kidney, pelvic calculi, and two firm gray nodules the size of a pea in the wall of the uterus. A pedunculated polypoid tumor in the cavity of uterus. Microscopic examination of the tumor has been begun by Dr. Gannett, but owing to the hardening not being yet completed, he is unable to give a definite opinion. He has kindly consented to offer the *probable* diagnosis of *vascular glio-sarcoma.*

Summary.—In the first case, we have a young man with cerebral syphilis resulting in paretic dementia. From the onset of mental derangement the course of the disease was unusually rapid. The hemiplegia and the mental condition of hebetude and delusions cannot be said to follow the presence of the gummatous tumors, as the hæmorrhage in the caudate nucleus and the lepto-meningitis are the lesions more usually associated with such symptoms. No special set of symptoms can be referred to the tumors.

The second case was remarkable in the fact that a large tumor must have been gradually developing in the mass of the cerebrum, causing for a long time only minor symptoms. A woman able to do her daily work, neither general nor mental health being sufficiently impaired to attract attention, suddenly becomes comatose and hemiplegic. She recovers consciousness and suffers two more relapses of coma and dies. During the intervals of consciousness she is seen to be suffering from a partial amnesia. Amnesia (oftener partial than complete) has been found to be associated in cases reported by Werwicke and others, with lesions in the occipital lobe. The question might arise as to the possibility of there being an aneurismed dilatation causing the symptoms. This is hardly tenable when we consider the great extent of pressure required to cause both hemiplegia and amnesia. The vascular changes in the tumor must explain the suddenness of symptoms.

DR. J. J. PUTNAM stated that cases of tumor of the brain often present no definite or recognizable group of classical symptoms, by which their location, or size, or frequently their existence, even, may be determined. Dr. Putnam mentioned a case seen in consultation with Dr. Adams, of Watertown, in which almost all the tissue of the pons was replaced by a large vascular glioma.

DR. P. C. KNAPP asked the seat of the tumor?

DR. LANE stated that it was seated below the basal ganglia, and was evidently pressing upon the crus cerebri.

DR. CUSHING asked if the early recognition of the disease and its treatment by anti-syphilitic measures is of any avail in cases of cerebral syphilis?

DR. LANE stated that no case is known in which the syphilitic lesion in the brain has been benefited by any form of treatment.

DR. GOLDSMITH has never seen a case of improvement in such cases.

DR. PUTNAM remarked that probably that does not mean that no case may be relieved by treatment.

DR. LANE stated that no case in which the disease was of a sufficient degree of severity to require treatment in an insane asylum had ever been known to be benefited.

DR. PUTNAM added that in the early stages of congestion, before deposits of syphilitic growth have taken place, it may be possible to improve the patient's condition. When chronic paralytic dementia has occurred there may well be no improvement from any mode of treatment.

DR. KNAPP added that in cases in which any mental derangement exists there is no hope for any form of treatment.

CHICAGO GYNÆCOLOGICAL SOCIETY.

Stated Meeting, Friday, January 15, 1886.

THE PRESIDENT, DANIEL T. NELSON, M.D., IN THE CHAIR.

W. W. JAGGARD, M.D., EDITOR.

(*Continued from page 304.*)

DR. E. J. DOERING read a report of

A CASE OF HYDATIDIFORM PREGNANCY.

After a brief discussion of the etiology and pathology of cystic degeneration of the chorionic villi, Dr. Doering related the history of the following case:

Mrs. W. D. P., a cultured lady, of slender physique, 21 years of age, was attended by me in labor fifteen months ago, and delivered by instruments of a healthy boy weighing ten pounds. Her general health has been good. She has had no miscarriages either previous to or since the birth of her child. Her last period occurred during the latter part of October, 1885. During the month of November the catamenia remained absent, which she attributed to a cold, the idea of pregnancy not occurring to her, as she had none of the usual symptoms. During the month of December, and particularly during the week preceding the holidays, she was on her feet constantly although not feeling well, having sensations of chilliness, followed by a feeling of heat and general depression. On the Sunday before Christmas a slight and painless flow of blood commenced, believed by her to be the period, now four weeks overdue. The flow continued several hours and then ceased. On Christmas day, while seated at the dinner-table, she was suddenly attacked with a profuse hæmorrhage, the blood saturating the floor, and continuing until a degree of faintness was produced, in which condition I found her on my arrival a few minutes afterwards. The hæmorrhage, which had been entirely without pain, ceased suddenly. A careful examination confirmed my suspicion of pregnancy, although I was much surprised at the size of the uterus, corresponding to a four and one-half months' pregnancy, the fundus rising nearly midway between the symphysis pubis and the umbilicus. There being no further hæmorrhage, no pain and no dilatation of the os, an expectant plan of treatment was pursued by instructing the patient to keep in bed, enjoining absolute rest, and giving her a few doses of morphia. On the following night another hæmorrhage occurred, but of not much consequence, and requiring no interference. Two days later, on the morning of the 28th of December, another hæmorrhage took place, more copious than the last one, but still unaccompanied with pain. An examination showed slight dilatation of the os, but not sufficient to permit the recognition of the contents of the uterus. As the patient was beginning to show decided symptoms of anæmia, the vagina was tamponed and ergot administered to check the hæmorrhage and favor uterine contractions.

Uterine pains soon commenced, accompanied by considerable hæmorrhage; the os dilated fully one inch, the presenting part giving the sensation to the finger of a blood-clot. This was soon expelled in detached portions, and on removal from the vagina was readily recognized as a hydatiform mole, having all the characteristic appearance of a grape bunch, composed of a mass of translucent vesicles, about the size of currants, containing a clear, limpid fluid. After inserting two fingers into the uterus and emptying it as thoroughly as possible of all the diseased tissue, the hæmorrhage promptly stopped. The entire mass removed equaled about the size of a large orange. Some febrile reaction occurred, but for several days the temperature did not exceed 100½ F°. and the pulse 95, the treatment consisting of quinine and ergot, internally, and the use of uterine and vaginal injections of carbolized water.

On the beginning of the fourth day the patient was suddenly seized with a severe chill, followed by the usual symptoms of septic poisoning, high temperature (104½°F.), rapid and feeble pulse, superficial respiration, great tympanites, thirst, vomiting, and arrested lochia, with no pain or tenderness over the abdomen. The outlook was anything but promising, but the prompt administration of large doses of quinine, combined with diaphoretics, turpentine stupes, warm fomentations, and the continued use of antiseptic injections was followed by the most gratifying results, and after four days of great anxiety the patient had recovered sufficiently to be declared out of danger. At the present time, eighteen days since the expulsion of the mole, the patient is up and about the house, with a good appetite, and making preparations to leave in a week or two on a journey to the South.

DR. C. W. EARLE had seen two cases of this kind, and while he had been surprised a great many times in his practice, he was never more so than upon one of these occasions. He had been in practice about

two years, when he was called to attend a lady in confinement near his residence. He placed himself at her bedside, found the *os uteri* well dilated, with the membranes intact and well down in the vagina, when all at once there came a gush of something, and a large quantity of these grape-like bodies made their appearance. He immediately gave ergot and cleared out the uterine cavity, and took the first opportunity to repair to his study to seek an explanation of this, at that time, to him a strange phenomenon. The case was eventually made the subject of a short article which appeared about that time in the *Chicago Medical Examiner*.

The lady was anæmic, and made a slow but perfect recovery. She has enjoyed good health since, but has never again become pregnant.

DR. HENRY T. BYFORD had had an opportunity to see this specimen, and it was very much like a bunch of grapes in shape, although Barnes, he believes, claims there is no such resemblance. But he bases his views upon the fact that the vesicles are developed from each other instead of from the common stem.

In regard to the treatment, he thinks it would now be considered best to scoop out the uterus to prevent septicæmia, and so it would be, if that could be easily done. From inquiry of Dr. Doering, he understood the opening in the cervix was rather small, the body anteverted, and it would have been necessary to use an instrument in removing the mole. He had seen severe inflammation, in the broad ligaments, result from curetting the uterus after abortions, with the dull curette. Therefore, he thought it was a point of interest well illustrated in this case, that it is not in every instance the proper thing to do; especially when so much has been passed that there is pretty firm tonic contraction of the uterus.

DR. H. P. NEWMAN: I understood Dr. Doering to say he used ergot. This might explain the fact of finding the cervix closed.

DR. DOERING: I would like to ask Dr. Earle whether he discovered any trace of the fœtus.

DR. EARLE: I did not in my case, but there is a specimen in the museum of the College of Physicians and Surgeons in which the fœtus is one and one-half inches long.

DR. CHARLES CALDWELL: I met with one case in my practice last fall. October 10, I was called early in the morning, the messenger informing me his wife was having a miscarriage. I found my patient flowing quite profusely. She supposed herself five months pregnant, as she had not menstruated since May. The last week in July, she flowed slightly for two days. The 12th of August, the flow commenced again, and was so profuse that she went to bed and called a physician, who diagnosed her case threatened abortion, and treated her accordingly, keeping her in bed two weeks. From that time until the hydatidiform mole was expelled the flow never stopped completely, for a single day, but she passed no pieces of the mole. The os was soft and easily dilated. I introduced two fingers into the uterine cavity and removed its entire contents. The mass was too large to be removed intact, and the os was not sufficiently dilated. As I removed each piece the uterus contracted well and firmly, diminishing the size of its cavity rapidly, so I was sure when it was empty.

The lochial discharge kept up for three days. She remained in bed one day, but the next morning prepared her husband's breakfast, and has attended to her household duties since. There were no symptoms of septicæmia following. The broken mass would have filled a two quart measure. Some of the cysts were as large as a bean. I gave Dr. Jaggard a specimen to show to his class. No fœtus could be found in the mass. Small doses of ergot were given for a few days. Menstruation was established in December, and the patient is now strong and healthy.

The inaugural thesis of Dr. F. E. WAXHAM, (Chicago Medical College, 1878), entitled:

"INTUBATION OF THE LARYNX, WITH HISTORY OF CASES,"

was read by Dr. Edward Warren Sawyer.

DR. WAXHAM described Dr. O'Dwyer's method of intubation of the larynx, narrated the histories of seventeen cases, in which the method had been employed, and drew the following conclusions:

"Intubation of the larynx possesses many advantages over tracheotomy:

"1. No opposition is met with on the part of parents and friends; quite a contrast to the difficulty with which we usually meet in obtaining the consent to tracheotomy.

"2. It relieves the urgent dyspnœa as promptly and as effectually as tracheotomy, and if the child dies there is no regret that the operation was performed, and no discredit is attached to the physician.

"3. There is less irritation from the laryngeal tube than from the tracheal canula. As the tube is considerably smaller than the trachea, it does not press upon it firmly at any portion excepting at the chink of the glottis.

"4. Expectoration occurs more readily than through the tracheal tube.

"5. As the tube terminates in the throat, the air that enters the lungs is warm and moist from its course through the upper air passages, and there is less danger of pneumonia.

"6. It is a bloodless operation.

"7. It is more quickly performed and with less danger.

"8. There is no open wound that may be the source of constitutional infection.

"9. Convalescence is more rapid, as there is no ghastly wound to heal by slow granulations.

"10. The patient does not require the unremitting care of the physician, as in tracheotomy.

"11. I believe it to be a more successful method of treating croup, either diphtheritic or membranous, than tracheotomy.

"The only objection to the operation of intubation is the difficulty of its performance."

DR. CHRISTIAN FENGER said that this was a subject of exceeding interest, and deserves great attention. Tracheotomy was one of the few operations that always made him nervous. That this operation is attended with some danger there is no question. There is danger from hæmorrhage during and after

the operation, and there is some danger of shock, which, in cases where there is no membranous laryngitis, sometimes can be traced only to the operation. For instance, he years ago went to make an examination of an old man who had swallowed a little fish bone, that had got into the mucous membrane in the entrance to the larynx, during dinner. Œdema of the glottis necessitated tracheotomy, which was performed without an anæsthetic. There was no hæmorrhage, the dyspnœa was relieved, but the man died about twenty-fours afterwards from the shock and disturbance attributable only and alone to the operation. In other cases hæmorrhage, even under great care in the operation, cannot always be avoided. He has had two cases of such hæmorrhage where the patients have died, one in two hours and another in five hours subsequent to the operation, not on account of the amount of hæmorrhage, but on account of the disturbance in the lungs, caused by a moderate amount of aspirated blood. So, if it is possible to get around the tracheotomy in some other way, then he for one would embrace it with the greatest of pleasure. However, when he saw Dr. Waxham's intubation—which he looked forward to with great interest—he was afraid of the tubes slipping into the air passages, so that the operator could not get hold of them again. That is one thing, and another that came into his mind was the small calibre of the opening in the tubes. He had an opportunity to see a little child that he operated upon where the operation was easy, and relief was instant, and that is all he has seen as yet of the matter. Then, of course, he read the paper. There is one thing that he would be rather afraid of,—but that is a theoretical objection only,—that is, to leave the child without taking the tube out. It seems from the cases reported, however, that in those cases there has never been much trouble of this kind, and theory of any kind is of no value whatever compared with facts.

He believes that this matter is very worthy of careful consideration; but, on the other hand, not until a larger number of cases have been tried will we be able to form any definite opinion about it. But we know enough from the cases recorded here to be desirous of having this new matter tried.

Dr. F. E. Waxham was then elected Fellow of the Society.

FOREIGN CORRESPONDENCE

LETTER FROM NAPLES.

(FROM AN OCCASIONAL CORRESPONDENT.)

The Hospitals and Clinics of Naples—The Medical Students—The Cost of Medical Education—Operations in the Hospitals—Systems of Medicine—Development of Blood Crystals—The Cholera Bacillus—Neapolitan Medical Men.

Medically and surgically Naples is in many respects very interesting to a physician. She has hospital capacity for from 3500 to 4000 patients divided into 14 different hospitals, besides the greatest abundance and variety of clinics supplied from a population of city and suburban villas of near 800,000 souls. Her hospitals are not to be commended for beauty of architecture nor for convenience and well-ordered appointments internally, but for room I have seen nothing in America or Europe equal to them. There are medical students here from all parts of the world, many of them being able to speak several languages. This is really by position, one of the best centres in the world, and should command a very high position in point of education as well as commerce. There are over 300 professors in the university, and the medical faculty represents the very best of professional talent and experience. I am informed that students pay 40 francs ($8.00) each year to the government for tuition, and, at the end of 6 years, 20 francs additional for tickets of examination and graduation —the professors being employed at stated salaries by the government. A group of students with a professor lecturing to them, all with their hats on, seated on benches arranged in a square in the wards among the patients, is to be seen almost every morning. Separate lecture rooms, however, are furnished for teaching the scientific branches.

With few exceptions, operations are performed in the wards, and on a bed (instead of a table), drawn out in the middle of the room. This is, of course, very awkward and embarrassing to the patient, who sees and hears everything about the preparation for the operation, and in a Listerian consideration of antisepsis is not commendable. Although antiseptic treatment is recognized and seems to be appreciated, in application it is not at all understood. To give an instance: Dr. Dattelo, one of the finest operators I ever saw handle a knife, refused to operate for osteo-sarcoma on a little boy unless a separate room was furnished. This was granted after several days, and I was very kindly invited to see the operation. In the middle of a room 12x18 is a rickety, single, low bed (no operating table) with linen coarse and soiled, holding a little 8 year old boy with an ugly tumor on the left temple extending forwards and into the external canthus of the left eye. Terrified at the approach of 10 or 12 students, professors, and nurses, he began to cry—opening out instruments and putting on white aprons only added to the child's fears and agony. Ether was finally brought and administered by force out of a kind of reticule or bag, the surgeon being compelled to perform the operation in an uncomfortably stooping position, the bed and clothing receiving the blood not taken up by sponges. The ceiling of the room was badly soiled by leakage, and plenty of dirt lay, half swept in the corners, and on the window sill. I thought it a pity for the patient, and that the science, and the results of a skilful operation should thus be jeopardized. Two days after, however, the patient was doing well with no evil signs about the wound.

From what I could learn in practice a disposition to adhere to systems prevails to a much greater extent than obtains in America. It is not only the Neapolitan system, the Milan plan or the School of Pavia, but it is a system of a celebrity. For example, injections hypodermically of corrosive sublimate, for

so many days, followed by unction with Neapolitan mercurial salve with sulphate of quinine internally, seems to be the beau ideal Neapolitan system of treating syphilis under all circumstances. Titles are not so important anywhere as in England. The steward even of the hospital would seem indignant if you said doctor or surgeon Lester, instead of saying "Sir Joseph"—indeed, American independence of thought, action, and manners even in medicine can find no prototype on this side of the Atlantic, but less attention in Naples than anywhere else seems to be given to titles. Doctor or professor is enough here for all practical purposes. Dr. Fienga is *the* microscopist, author of a work on physiology, and several monographs on various subjects. He has a very extensive cabinet of microscopical specimens, physiological and pathological, prepared by himself. To the German (Teichman) method of developing the crystal "emina" of blood by adding salt and acetic acid and heat to the boiling point, he adds Canada balsam and turpentine, and thus makes the test more delicate, bringing out the characteristic crystal from a much smaller stain of blood. The boiling point is very simply obtained by holding the plate over the blaze of a spirit-lamp until the drop of prepared fluid between the glass plates becomes white, like steam. The doctor very kindly showed me the process, using material from a stain said to be 14 years old. He says one can study in two hours all that is to be learned microscopically of the cholera germs, and he showed me various specimens of the microbe in its different states of development, taken from various parts of the body, and from the alvine discharges. The doctor is an enthusiastic investigator and a hard worker, as is also Dr. Scibbelli—the latter having for his specialty, obstetrics and the morbid anatomy of the pelvis. He also has one of the most extensive private museums of specimens I have seen.

Dr. Novo is professor of gynæcology, and a noted author. He, Scibbelli, and Fienga presented me with copies of their writings, and I leave Naples with the kindest feelings towards the doctors. I shall ever feel under obligations to Dr. Conic for his almost undivided attention. He is a worthy young man of much promise—the more so, because he soon moves to the Western States of America, where he will have room to spread himself. To straighten the leg of an asteoplastic knee-joint in Edinburgh, they divided the patella and removed a v-shaped section of the joint, and reunited the patella by wire. Dr. Lester (Sir Joseph) of London, removed entire the patella, and in Naples they use Rizzoli's lever-screw instrument which tears assunder the plastic bones. For the removal of stone, they also use here Rizzoli's lithotrotome, which, they claim, reduces the operation to a child's play of 42 seconds' time. In the pathological section of the University Museum here, may be seen real one-eyed Cyclopian monsters, and in the National Museum are surgical instruments taken from the ruins of Pompeii, speculums, catheters, forceps, scalpels, etc., just like ours of this age.

A. B. T.

LETTER FROM VIENNA.

(FROM OUR OWN CORRESPONDENT.)

Mortality from Puerperal Fever Before and Since Antisepsis—Parametritis and Perimetritis—The International Medical Congress.

In a recent letter I reviewed the practice of the Vienna school in relation to puerperal fever. I wish now to give some statistics of mortality before and after the introduction of antiseptic precautions.

Paris—1829—Maternité—Confinements, 2788; Mortality, 252.
1831 " " 2907; " 254.

Vienna—1823—During the epidemic of puerperal fever in February, March and April of this year, there were 698 confinements, of which 133 died.
1842—There were 3287 confinements, with 518 deaths.
1846—4010 confinements, with 459 deaths.

In May, 1847, Semmelweise published the results of his investigations, and urged upon Prof. Klein, in whose clinic he acted as first assistant, the necessity of washing the hands in chlorine water before examining lying-in women. Prof. Klein laughed at his assistant, but gave the order. Semmelweise's paper was badly received, and he himself was regarded as a medical crank. See the results:

1846	Confinements	3352	Deaths	459
1847	"	3375	"	176
1848	"	3556	"	45
1849	"	3858	"	103

This was the year in which Semmelweise was sent away, and his precautions were not observed. In 1854, 4,393 confinements; 40 deaths. During this year, these details were enforced. The statistics of Prag are still more remarkable. From 1865 to 1874 the old building was used, which was entirely unfit for purposes of hygienic detail, and the mortality was 6.67 per cent., as follows:

Year.	Births.	Deaths.	Per cent.
1865	2576	239	9.28
1866	2673	125	4 68
1867	2368	115	4.98
1868	2712	245	9.04
1869	2505	291	11.62
1870	2249	96	4.27
1871	2329	72	3.08
1872	2210	115	7.01
1873	2189	168	7.67
1874	2346	102	4.35

At this time the new building was completed, and the mortality fell to 0.65 per cent., as follows:

Year.	Births.	Deaths.	Per cent.
1875	2180	60	2.75
1876	2627	30	1.14
1877	2704	34	1.26
1878	2776	45	1.68
1879	3010	11	0.36
1880	2813	13	0.46
1881	2927	7	0.24
1882	2963	7	0.24
1883	2900	7	0.24
1884	2886	7	0.24

These figures must convince any thinking man not only of the value of absolute cleanliness in obstetrical practice, but of the importance and necessity of antisepsis as I have previously described it. Not the excessive practice of some eminent practitioners, that would enforce uterine and vaginal irrigation of an antiseptic fluid, even in cases of normal labor—but the elaborate cleansing of arms, hands and nails, before an examination is made; attention to attire, so that the obstetrician should not wear in the lying-in room the same coat which has followed him in his

many daily calls. The practice of this school speaks volumes, and meets, for so it seems to me, every indication of exactness without being meddlesome. When one compares the low rate of mortality with the indiscriminate examinations made by students and visitors, and bears in mind the unsuitable condition of the building in which both Professors Braun and Spaeth have their material, the results are simply marvellous. It proves that antiseptic obstetrics, under the most unfavorable conditions, is infinitely preferable to any other form of obstetrics, even coupled though it may be with every hygienic detail of excellence in the building itself.

Parametritis and Perimetritis.—I long held with Emmet that the distinction between these two inflammatory conditions was really without any difference, and that clinically they could not be differentiated. For sixteen months I have labored faithfully in this direction, both in Berlin and in Vienna, and have availed myself of enormous material and of every other possible means to enter intelligently into the nice discrimination made by German gynecologists. To this end I made a close study of the connective tissue of the female pelvis, without a thorough knowledge of which no gynecologist can ever hope for a logical conception of para- or perimetric inflammation. To those wishing to make similar investigations I cordially commend Freund's "Gynäkologische Klinik," Strassburg, 1885, as being the most exhaustive and thorough work that I know of. I am gradually being convinced, by actual observation and constant study, that Emmet's statement is too absolute, and that in many cases the two diseases are entirely separable. This becomes more plain to me as I advance more logically in an anatomical survey of the para- and perimetric tissues. I do not disguise the fact that even here in Germany, in the polyclinics, the mistake is often made of confounding the two, and that the nice differential points insisted upon by Freund are often lost sight of, and I also realize that in some cases it is really impossible to separate the two; but I do believe, and that thoroughly, that there are other and many cases in which it is not difficult to make the diagnosis. At least seventy-five per cent. or more of all the women that I have examined in Berlin and Vienna, have suffered from acute or chronic inflammations of this sort, and without any exaggeration I think I may safely say that I have seen in the neighborhood of a thousand such cases. This will savor less of Munchausen to those who have studied in these schools, and who remember that in Vienna alone, in two touch courses per day, one may examine from twenty-five to forty-five women. I have learned to count largely upon the salient characteristics of subjective as well as of objective symptoms. In the large majority of instances —nay, more, according to the anatomy of the parts, it *must* be so that in every instance where the symptoms are relegated to a point just behind the cervix, where the connective tissue is situate around the infra-vaginal portion, the disease is a "posterior parametritis," but where the tenderness and objective symptoms are higher up in the fornix, where the peritoneum dips down, we have to do with a "perimetritis." In the former instances only the infra or middle cervix will be fixed—partially or wholly—in the latter, the fundus itself will suffer. Just so we may have a para-cystitis, or a para-kolpitis, or a para-proktitis. In the connective tissue itself the points of exudation may be limited; they may not run into each other, they may not reach the peritoneum, and they may be absorbed rapidly. Perimetritic exudations are situate higher up than those of the parametrium, and are attended with an entirely different symptomatology. The *fornix vaginæ* is not flattened out in perimetritis, as it is in parametritis. Perimetritic exudates are generally situated high up in the posterior cul-de-sac, as one would expect to be the case. The *collum uteri* is fixed in parametritis, and in endeavoring to move it the patient will complain of pain, which is not the case in perimetritis. In short, there are many points of difference between the two, which have been made equally plain to some other gentlemen who have been associated with me in gynecological studies abroad. One must see and study both forms, at every stage of development, and must examine by rectum and vagina. Examine especially the base of the broad ligaments and the cul-de-sac of Douglas; also the left lateral fornix (which is a favorite habitat of perimetritis). It took me many months before I learned exactly where to place the inflammation, but the knowledge came with experience, and from a thorough comprehension of just what is meant by pelvic connective tissue.

I hear of many medical men in Berlin and Vienna who intend coming to the Congress. A. R. B.

DOMESTIC CORRESPONDENCE

INTRIGUE IN THE ASSOCIATION!

TO THE EDITOR OF THE JOURNAL:

Dear Sir:—The following extract is taken from the *Nashville Journal of Medicine and Surgery*, of February, 1886, and reprinted in the *Medical News*, of February 27:

"Of late years this Association has appeared to degenerate into a body merely medico-political, and it is time something should be done to elevate it to a proper standard and make it what the British Medical Association is to the profession in England, representative and national. Political intrigue and trickery have too long held sway in this Association and it is time the profession should see to it that it be no longer thus degraded, and be brought back to the place it occupied in its palmiest days. From year to year the meetings have become less and less important in a scientific point of view, and it is time every true physician should individually strive to change its downward course. If some change is not soon effected, the Association will cease to exist and the profession will turn its attention to the separate special Associations which are all now in a flourishing condition. We hope, therefore, that all who can will make an effort to attend the coming meeting."

If the editor who made this statement had looked over the list of names that have figured largely in the

meetings of the American Medical Association within the past few years, of whom I need mention only those of Drs. Marion Sims and Samuel D. Gross, he certainly could not have had the effrontery to parade such nonsense before an intelligent profession. The founders of the American Medical Association have conferred a lasting benefit upon the American Medical profession, but during the last few months its enemies have made every effort to destroy its usefulness. Doubtless an effort will be made at the coming meeting in May to degenerate the Association into a medico-political meeting by the very men who have so roundly abused it, but it is to be hoped that the better element which has hitherto guided its counsels will succeed in preventing the disaffected element of the profession from impairing the usefulness of the Association. Its influence for good has been felt from the St. Lawrence River to the Gulf of Mexico, from the Atlantic to the Pacific Ocean; and the man whose spleen finds vent in the above quotation is, in the opinion of the writer, an enemy to the medical profession. I am, etc.,

J. F. JENKINS, M.D.

Tecumseh, Mich., March 1, 1886.

A NAVAL INEBRIATE ASYLUM.

TO THE EDITOR OF THE JOURNAL:

Dear Sir:—I am much struck by Dr. Frederick Horner's paper, "A Plea in Behalf of a Hospital for Naval Inebriates," in THE JOURNAL for March 6. It is especially painful to infer that the sober men are inferior to the bulk of their comrades, for we are told that "apart from inebriety, these are in all respects the best and most intelligent men in the service." In every rural community there is a drunken medical practitioner who is "the best doctor in town, if you can find him sober!"

We may grant that inebriety *is* a disease, but it is one the causation of which is so well known that its victims are as inexcusable as those of syphilis. Let the cadet and midshipman know that prompt dismissal will follow the first detection of the drinking habit, and there will be no occasion either to cashier or send to an inebriate asylum a valuable and experienced officer at a later date. Let the Navy cease to be a school of inebriety, and spare the nation the disgrace of a Naval Inebriate Asylum. Teetotally yours,

IRVING W. SMITH.

Charles City, Iowa, March 10, 1886.

NECROLOGY.

AUSTIN FLINT, SR., M.D., LL.D.

At a special meeting of the Executive Committee of the New York County Medical Association, the following was unanimously adopted:

Whereas, It has pleased God to remove from our Association our beloved and highly honored friend, Professor Austin Flint, M.D., LL.D., one of our Founders, and an ever willing co-worker: We desire to record the great appreciation of our loss.

Professor Flint, from early manhood, has ever been an indefatigable laborer in the field of Medical Science, and for half a century has been one of the most accomplished teachers and writers in the profession.

His varied experience, extending over different portions of our country, enabled him on his settling in New York City, at once to take the foremost place in the profession. As a consultant, he was without a peer; his calm judgment, urbane manners, and strict conscientiousness made his presence ever welcome to his brethren. As a gentleman, he will be held in grateful remembrance by all with whom he came in contact; his charities were proverbial.

His death will be the cause of universal sorrow, especially occurring at a time when his deliberate counsels are most needed. We can never forget that genial countenance, those cheerful words, and that buoyant disposition, which, amid the greatest of sorrows, always pointed out the ray of light affording hope.

Therefore, in testimony of your respect for the deceased, it is earnestly hoped that you will attend the funeral services at Christ Church, corner of 35th street and Fifth avenue, on Tuesday, March 16, 1886, at 2 o'clock P.M.

The members of the Association will assemble in the Sunday School room, entrance on 35th street, at 1:45 P.M.

CHARLES A. LEALE, M.D., *President.*

GLOVER C. ARNOLD, M.D., *Sec'y.*

A review of the life and work of Dr. Flint will appear in the next issue of THE JOURNAL.

ASSOCIATION ITEMS.

AMERICAN MEDICAL ASSOCIATION.

The Thirty-seventh Annual Session will be held in St. Louis, Mo., on Tuesday, Wednesday, Thursday and Friday, May 4, 5, 6 and 7, commencing on Tuesday at 11 A.M.

The delegates shall receive their appointment from permanently organized State Medical Societies and such County and District Medical Societies *as are recognized by representation in their respective State Societies*, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States.

Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: *Provided*, however, that the number of delegates for any particular State, territory, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association.

Secretaries of Medical Societies, as above designated, are earnestly requested to forward, *at once*, lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership, the Secretaries *are, by*

special resolution, requested to send to him, annually, a corrected list of the membership of their respective Societies.

SECTIONS.

"The Chairman of the several Sections shall prepare and read, in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their respective Sections. . . ."—*By-Laws*, Article 11, Sec. 4.

Practice of Medicine, Materia, Medica and Physiology.—Dr. J. T. Whittaker, Cincinnati, Ohio, *Chairman*; Dr. B. L. Coleman, Lexington, Ky., *Secretary*.

Obstetrics and Diseases of Women and Children.—Dr. S. C. Gordon, Portland, Me., *Chairman*; Dr. J. F. Y. Paine, Galveston, Texas, *Secretary*.

Surgery and Anatomy.—Dr. Nicholas Senn, Milwaukee, Wis., *Chairman;* Dr. H. H. Mudd, St. Louis, Mo., *Secretary*.

State Medicine.—Dr. John H. Rauch, Springfield, Ill., *Chairman*; Dr. F. E. Daniel, Austin, Texas, *Secretary*.

Ophthalmology, Otology, Laryngology.—Dr. Eugene Smith, Detroit, Mich., *Chairman*; Dr. J. F. Fulton, St. Paul, Minn., *Secretary*.

Diseases of Children.—Dr. W. D. Haggard, Nashville, Tenn., *Chairman*; Dr. W. B. Lawrence, Batesville, Ark., *Secretary*.

Oral and Dental Surgery.—Dr. John S. Marshall, Chicago, Ill., *Chairman*; Dr. A. E. Baldwin, Chicago, Ill., *Secretary*.

A member desiring to read a paper before a Section should forward the paper, or its *title* and *length* (not to exceed twenty minutes in reading), to the Chairman of the Committee of Arrangements, at least one month before the meeting.—*By-Laws*.

Committee of Arrangements.—Dr. Le Grand Atwood, St. Louis, Missouri, *Chairman*.

AMENDMENTS TO BY-LAWS.

By Dr. Foster Pratt, Mich.—Each Section shall nominate its Chairman and Secretary—all other nominations to be made, as now, by the nominating Committee.

By Dr. I. N. Quimby, N. J.—Create a new Section, to be known as the Section on Medical Jurisprudence.

WM. B. ATKINSON, M.D.,
Permanent Secretary.
1400 Pine St., S. W. cor. Broad, Philadelphia.

MISCELLANEOUS.

DR. GASPER GRISWOLD, one of the most promising young physicians of New York, died on March 4, after a short illness. He was a member of the editorial staff of the *New York Medical Journal*.

PHOTOGRAPHIC DIAGNOSIS.—Henry de Parville, in "Le Gagne-Petit," tells of a case in which the sensitive plate for a photograph showed some very peculiar dark specks. When the sitting was made the subject had peculiar sensations of the skin, but nothing was visible. Two days after the sensitive plate announced that something was wrong the woman was taken sick with an eruptive fever.

UNCONSTITUTIONAL BOARDS OF HEALTH IN NEW JERSEY.—The New Jersey Supreme Court has declared a law to be unconstitutional under which certain boards of health were organized and operated. The boards so affected are abolished, among them the Board of Health of Camden, which has now no sanitary protection except that afforded by the sanitary committee of the common council.

A MILK STANDARD.—The Court of Appeals of New York has just decided that the legislature has the power, in an act forbidding the sale of impure or adulterated milk, to fix a standard by which it shall be judged, not only as a rule of evidence but as an explanation of the meaning of the words used in the Statute.

POISONOUS WALL-PAPERS IN MASSACHUSETTS.—A second hearing in regard to legislation to prevent the sale of wall-papers containing poisonous ingredients was recently held before the Committee on Public Health of Massachusetts. Many leading chemists appeared in support of the measure.

NOTE BOOK FOR OVARIAN AND ABDOMINAL TUMORS.—We have received from the publishers, Cupples, Upham & Co., of Boston, a convenient note book for cases of Ovarian and other Abdominal tumors, arranged by Dr. John Homans.

NEW YORK STATE MEDICAL ASSOCIATION, FIFTH DISTRICT BRANCH.—The third special meeting of the Fifth District Branch will be held in the Common Council Chamber, Yonkers, at 2 P. M. on Tuesday, March 23, 1866. The following papers are promised:

"The Physician and the Pharmacist—their Relative Duties," by J. P. Garrish, M.D.

"A Case of Meningeal Extravasation with Curious Localization of Nerve-Symptoms," by A. L. Carroll, M.D.

"Sacculation and Perforation of the Bladder as Consequences of Chronic Retention of Urine," by J. W. S. Gouley, M.D.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY, DURING THE WEEK ENDING MARCH 13, 1886.

Woods, George W., Surgeon, ordered to Navy Yard, Mare Island, to relieve Surgeon W. K. Scofield. April 1.

Scofield, W. K., Surgeon, detached from Navy Yard, Mare Island, and wait orders.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE THREE WEEKS ENDED MARCH 13, 1886.

Benson, J. A., Passed Asst. Surgeon, resignation accepted, to take effect April 6, 1886, and leave of absence granted until that time. March 10, 1886.